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CONTRIBUTORS TO VOLUME IV.

Agnew, Dr. D. Hayes	Philadelphia, Pa.
Byron, Dr. W. K.	Upper Sandusky. O.
Book, Dr. J. B.	Detroit, Mich.
Bardeen, Dr. F. L.	Rochester, N. Y.
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Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Vol. IV. DETROIT, JANUARY 10, 1881. No. 1

The Proposed Medical Bill.

We give herewith our draft of the bill which we have placed in the hands of a member of our State Legislature for presentation to that body during its present session. The bill stands for itself, and we have nothing to say by way of commending it, or contrasting it with the drafts which others have thus far presented to the profession. We have only to say for it, that although its general features conform to the outlines published in our issue of October 25th, last, those published outlines have brought in a mass of correspondence which has caused us in order to meet the wish of the greatest number to somewhat modify the original plan. The draft as herewith presented is one, we have reason to believe, from the effort we have made to ascertain the sentiment of the profession of this state, such a one as will meet with very general approval. The notable deviations from our original plan are the ablation of the ten year clause, and the clause providing for the matriculation examination of applicants for admission to the several medical schools of the state. The conclusion to strike out the ten year clause was arrived at after very mature deliberation, and in deference to the expressed wish of much the largest number of those who have communicated with us on the subject. The arguments advanced in favor of discriminating in favor of non-graduated practitioners who have been in practice for a period of ten years or over, are, we admit, quite cogent, but we apprehend that a bill requiring all such to give evidence of their fitness to discharge the weighty responsibilities which they have assumed, will work no hardship to those who are qualified, while it cannot but work to the great advantage of the public. It has been argued by the opponents to the clause as we originally proposed it, that old quacks are the worst quacks, and there is much truth in the assertion. Our intention was to make provisions for those who had attended a course of lectures, and who had thus laid a certain foundation upon which experience and observation might build a respectable superstructure, and was by no means to shield those who were empirics from the beginning. It is apparent, however, that the justice which we contemplated could not be effected without its counterpart of injustice.

We had thought to have provided in this bill for the proper preliminary education of those entering upon the study of medicine. This we regarded as a very important matter, and have not changed our opinion regarding it, but have ascertained that any clause looking to the regulation of the preliminary requirements of students entering any of the colleges of the State would be unconstitutional. The regents of the university and the trustees of colleges are, we are informed by competent authority, vested with the power of fixing the requirements for admission to the institutions which they respectively have in trust. We must, therefore, look to these institutions themselves for the much needed reform in this matter, and it is gratifying to note that there is manifested a disposition, in some quarters, it is true, more than in others, to conform to the unmistakable wish of the profession on this point, and doubtless public opinion will ere long effect that which it has not the power to compel.

It will be noticed that the requirements for admission to the proposed College of Physicians and Surgeons do not include an examination in either practice of medicine or materia medica—the subject of controversy as between the various systems of practice. This feature will, we think, especially commend the bill to all fair minded men. With a proper knowledge of the subjects on which an examination is required, it will be safe to entrust the therapeutics to the judgment of the practitioner.

Our space forbids a reference at this time to the other features of the bill, and we must be content with their bare presentation. It is not claimed that the instrument is perfect or even, indeed, that is the best that could be presented. This much we do think, however, that it will more effectually meet the wishes of the profession of this state than any draft thus far submitted for their consideration. This opinion is not the out-come of any egotism on our part, but is based on the expressions from all sections of the state, to the general tenor of which we have endeavored to conform the bill.

The bill is now before our readers and the profession, and we ask for it that cordial support which is necessary to secure its passage. Let each physician constitute himself a committee of one to wait on his representative in the legislature, and urge his support and advocacy of it, and it will become a law. This much is certain, if the present legislature adjourns without passing a Medical Act, the fault will lie at the door of the medical profession.

An Act to Prescribe the Qualifications and Duties of Practitioners in Medicine and Surgery, and to Regulate the Practice of Medicine.

The People of the State of Michigan enact:

SECTION 1. From and after the date on which this Act shall take effect, no person or persons except such as shall comply with its requirements, shall be authorized or permitted to practice medicine.

SEC. 2. All practitioners of medicine duly qualified under this Act shall form a corporate body to be known as "The College of Physicians and Surgeons of Michigan," membership in which College shall be a necessary and a sufficient qualification for the practice of medicine in this State.

SEC. 3. All graduates of reputable medical colleges granting diplomas under proper authority, practicing medicine in this State on the first day of July, eighteen hundred and eighty-one, shall be admitted into membership in the College of Physicians and Surgeons of Michigan by the simple registration of their names as hereinafter provided.

SEC. 4. All physicians practicing medicine in this State on the date on which this Act takes effect, and who are not graduates as above, will be admitted to membership in the College of Physicians and Surgeons of Michigan on passing a satisfactory examination before the Board of Examiners created by this Act.

SEC. 5. After the first day of December, eighteen hundred and eighty-one, all persons who have not registered up to that date, whether in possession of a diploma or not, shall be required to pass the examination of the Board of Examiners as a requirement for admission to the College of Physicians and Surgeons of Michigan; and no unregistered physician shall continue in the practice of medicine after said last mentioned date until he has first complied with the provisions of this section.

SEC. 6. The Board of Examiners shall be appointed by the Governor of the State on the first day of July, eighteen hundred and eighty-one, and shall consist as follows: One physician from each of the congressional districts of the State; one physician from each of such medical colleges of the State as are legally authorized to grant diplomas. The term of office of the members of this Board shall be six years; *provided*, that the first appointments shall be as follows: The members from the first, second, third and fourth congressional districts shall be appointed for two years. and the members from the fifth, sixth, seventh, eighth and ninth congressional districts shall be appointed for four years.

SEC. 7. No teacher, professor, lecturer or officer of any of the before-mentioned colleges shall be eligible to membership in the Board of Examiners except as a representative of the college to which he belongs.

SEC. 8. Every person appointed to membership in the Board of Examiners created by this Act shall within ten days after notice of his appointment, and before entering upon the duties of his office, go before a circuit judge or a circuit court commissioner, and make oath that he is a graduate of a legally organized medical college, and that his diploma was obtained upon merit and not by any act of collusion or purchase, and that he will faithfully perform the duties of Medical Examiner as required by this Act.

SEC. 9. The Board of Examiners shall meet at the City of Lansing on the first Tuesday of the month of August, eighteen hundred and eighty-one, when it shall organize by electing from its members a President and a Treasurer, and it shall also elect at the same time a Registrar, who shall not be a member of the Board. The duties of these officers shall be as those of like officers in other organizations, but in addition the President (and in his absence the President *pro tem.*) shall have authority to administer oaths, and the Board to take testimony in any matter relating to its duties, and the Registrar shall perform such other additional duties as are hereinafter in this Act set forth. The said Board of Examiners shall adopt a seal with which the Registrar shall stamp all official documents. It shall also adopt all needful by-laws to more particularly define the duties of its officers, and to effect its purposes within the powers conferred by this Act, and it shall by such by-laws also fix the time and place of its meetings.

SEC. 10. The examination for membership in the College of Physicians and Surgeons of Michigan to be conducted by the Board of Examiners, shall be to determine the proficiency of the applicant in the following subjects, to wit: Anatomy, physiology, pathology, chemistry, obstetrics, operative surgery and hygiene.

SEC. 11. The Registrar shall attend all meetings of the Board of Examiners, and shall act as secretary and perform all the duties which usually pertain to such office. He shall keep in a book, provided for such purpose, a complete list of all the members of the College of Physicians and Surgeons of Michigan, which book shall at all times be open for inspection by all duly registered physicians and the public. He shall issue to each person thus registered a certificate of such registration under the seal of the Board of Examiners, and attested by the signature of the President of the Board He shall, from time to time, (at intervals if not less than two years,) under direction of the Board of Examiners, prepare for publication, a correct register of all the names of the enregistered physicians in alphabetical order, according to their surnames, with the respective residence and the date of registration of each; and, if graduates, the date of graduation and Alma Mater.

SEC. 12. A copy of this register prepared as above by the Registrar, shall be *prima facie* evidence in all courts that the persons therein specified are duly registered according to the provisions of this Act. In the case of any person whose name does not appear in such published copy of the register, the certificate of registration as hereinbefore provided, shall be evidence that such person is duly registered under the provisions of this Act.

SEC. 13. Each legally graduated physician who shall apply for admission to the College of Physicians and Surgeons of Michigan, shall accompany his or her diploma with an affidavit that the holder and applicant is the lawful possessor of the diploma and is the person therein mentioned, and that such diploma has been secured on merit and by no act of collusion or purchase. Such affidavit may be made before any person authorized to administer an oath, and the same shall be attested by the seal of a court of record. Graduates may present their diplomas and affidavits as provided in this Act, by letter or proxy, and the Registrar shall issue his certificate as if the owner of the diploma applied in person.

SEC. 14. The registration fee shall be three dollars, which sum shall be paid as a condition of registration. Each registered physician shall pay to the Registrar as annual dues, on or before the first day of July of each year, commencing with the year eighteen hundred and eighty-two, the sum of one dollar and the payment of this sum shall be in advance for dues for the ensuing year, and shall be a condition of continued membership in the College of Physicians and Surgeons. A failure to pay such annual dues shall be sufficient to warrant the Board of Examiners in striking the name of the delinquent from the list of registered physicians. Candidates for membership in the College of Physicians and Surgeons of Michigan who are not in lawful possession of recognized diplomas shall deposit with the Registrar ten dollars which sum shall include the registration fee in the event of the applicant's successful examination.

SEC. 15. Any person shall be regarded as practicing medicine within the meaning of this act who shall profess publicly to be a physician and to prescribe for the sick, or who shall append to his or her name the letters "M. D." or call himself or herself a doctor, or who shall profess to cure or treat any one for disease or injury. But nothing in this act shall be construed to prohibit students from prescribing under the supervision or direction of preceptors, or to prohibit gratuitous services in cases of emergency. And this act shall not apply to commissioned surgeons or assistant surgeons of the U. S. army or marine or navy hospital service, or nurses prescribing domestic remedies or women practicing midwifery.

SEC. 16. The members of the Board of Examiners shall receive as a compensation for their services a per diem allowance of ten dollars during the actual session of the Board. The Registrar shall receive a salary of $1200 per annum; *provided* that all necessary expenses incurred in the performance of his duties shall be audited and passed upon by the State Board of Auditors, as other claims; *provided* also that all expenses incurred by the Board, and the compensation of its members and officers shall be paid out of the money collected by the Board as hereinbefore provided.

SEC. 17. The Registrar and Treasurer shall give Bonds of $5000 each, condition for the faithful performance of their several duties under this act, and further conditioned as the by-laws of the Board of Examiners may direct.

SEC. 18. Any person living in this state, or any person coming into said state, who shall practice medicine in any of its departments, or perform or attempt to perform any surgical operation upon any person within the limits of this state, in violation of the requirements of this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof, be fined not less than twenty-five dollars nor more than one hundred dollars for each and every offense, or be imprisoned in the county jail not less than twenty days, nor more than three months, or both such fine and imprisonment, in the discretion of the court, and in no case, wherein this act shall have been violated, shall any person so violating receive a compensation for services rendered: *Provided*, That the provision of this act shall not apply to reputable physicians from other states or countries who may be requested by a registered physician of this state to meet him in consultation in a particular case.

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Ethics of Consultation.

The *Medical Record* opens the new year with a few remarks on this subject, a subject on which there does not yet seem to be any very specific and decided opinions even among those who want to do the right thing. It is one of those questions which cannot be fixed by regulation, and must be left to each gentleman to determine for himself, and if he is true to his conception of right and wrong, his brother practitioner will seldom find cause for dissatisfaction. If he knows the right, but is avaricious and prefers to play sharp, no code can be written which can keep him in line.

It seems according to our contemporary that in a town neighboring to New York (Philadelphia?), whether from ignorance of what is right or from sheer avarice among the practitioners there, it is quite unsafe for any obscure practitioner who cares to keep his patients, to call in as counsel one who is older or has more reputation than himself. This is a bad example for this town to set the benighted and uneducated practitioners in the "provinces." The country practitioner in the "West" stands in very particular jeopardy of falling into reprehensibly unethical conduct in the matter of consultation, for does he not, quotha, light his lamp, ethical as well as scientific, from the luminaries of the East?

A condition of affairs has of late years sprung up which the framers of the code did not anticipate, and in regard to which the general practitioner has generally not very definite opinions. We refer to the relations which exist between the specialist and and the general practitioner. It has come to be the rule, although it is hard to see the reason for it, for the specialist who is called in counsel to take charge of the case. Indeed, that gentleman takes it for granted when he is called on to see the case with you, that you will step aside, and if you come at all to see the patient after he has been introduced that your visit shall be purely friendly—not at all professional. You do not altogether like to be set aside in this manner, but yet imperious custom has, you think, ordered it so, and you swallow it. Our contemporary, the *Record*, has the following paragraph in the article to which we have referred, on this aspect of the question of consultation:

"With the cultivation of the different specialties some of the ordinary amenities which obtain between attending and consultant are either in the hurry of business, or from pure thoughtlessness, or perhaps from less excusable reasons, apt to be lost sight of. Some specialists assume entire and permanent charge of a patient even when sent to them for temporary advice by the family physician. It is hardly fair to assume either that the latter cannot be trusted to carry out directions, or that the specialist has a natural right to every case in his line of practice. The only reason for taking absolute charge of the patient is the direct request to do so by the family attendant. The attending physician, as the trusted adviser of his patient, takes all the responsibility of continuing to treat the patient, if he so desires. But some specialists so much exceed their ordinary privileges in this respect that there is much complaint from general practitioners. Some of the latter have informed us that they do not care to run the risk of losing control of their cases by sending them to certain specialists. For not only has it happened that the specialist will keep the patient sent to him, but when any new disease developes itself will send him to a friend in another specialty, and not unfrequently, even for the treatment of general diseases, take the liberty of recommending another than the physician who originally sent the patient to him. Such a practice is an outgrowth of the system of helping different members of a clique, be they connected with a college, a society, hospital, dispensary, or office. Not that these gentlemen believe it is impossible to find any available talent outside of their own little circle of professional friends, but that they are bound by a community of interests not to recognize it. Such a feeling is sometimes carried to the extent which is far from prudent when the real interests of the patient are considered. Of course no prudent practitioner risks such an experiment very often, and takes occasion to give the right sort of advice to his professional friends. We are happy to say that such cases are exceptions to the general rule among specialists as, after completing treatment, they refer the patient back to the family physician. It is not expected that such a rule holds good with a patient who, while not under actual treatment by his family physician, calls of his own accord to consult a specialist. We are constrained to make the foregoing remarks in consequence of several cases in point which have been recently brought to our notice."

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The following is a seasonable and suggestive note: "Enclosed please find $1, for the MICHIGAN MEDICAL NEWS for 1881. It is about the best invested dollar I make in the year in the medical literary line, and I subscribe for a good many journals.

S. D. KELLOCK, M. D., Perth, Ontario.

Gall Stones or Fat, Which?

Commenting on certain strictures of ours in our issue of October 25th, last, on an article in which the writer claimed to have caused the expulsion of over two hundred gall stones varying in size from a grain of wheat to a filbert, by the simple giving of olive oil, the *Country Practitioner* intimates that we should not say that such a thing is impossible until after we have tested it. Such advice is, we admit, very sound on general principles, but are there not many things which we are justifiable in rejecting through conclusions reached by pure ratiocination? For instance, if we were to perpetrate on our friend of the *Country Practitioner* some monstrous Munchausenism, he would be a different man from what we take him to be if he found it necessary to apply the test of experiment before he decided whether to accept or reject our statement. The chances are that he would apply to us, on the very instant, the forcible but somewhat inelegant epithet with which the sons of men are wont to express their sense of a man's lack of knowledge, and if the amenities were to restrain the utterance, his opinion of us would be more the less decided.

The probability of the ejection of two hundred gall stones, some of them as large as a filbert, considering the anatomical configuration of the gall bladder, the gall duct and the intestine is, on its face extremely slight, and that, too, regardless of the medicine administered. This probability is rendered more slight when the agent employed is such a substance as olive oil. Our knowledge of the proprieties of this substance prevents us from looking for other than nutritive or cathartic action from it. These facts, we think, warrant us in doubting the correctness of the report which we criticised. But in addition to these we have the fact that in biliary derangements, with such symptoms as are usually present in bilious colic, we have one of the very conditions which would prevent the digestion and absorption of the olive oil, viz., deficiency of bile in the intestine—the condition produced by opium, and which is the cause of fatty fæces which are usual during the administration of that drug.

We do not dispute the efficacy of olive oil in bilious colic, but that it relieves the colic by causing the ejaculation of biliary calculi from the gall bladder, is something which we cannot, as yet, believe. Flint in his "Clinical Medicine" refers to a case which we think is very similar to those the report of which we have taken exception to: "A case was reported not long since in a medical journal in which, during the treatment with olive oil in large quantity, the patient passed a large number of solid bodies, varying in size, which were supposed to be biliary calculi. They were presented as such, at a meeting of a medical society. A similar case has fallen under the author's observation. These bodies consist of concrete fat. True, biliary calculi are to be discriminated from these, and also from concretions which may be formed within the intestinal canal."

Miscellany.

QUACK ADVERTISEMENTS IN RELIGIOUS JOURNALS.—The *Medical Record*, in a recent forcible article on this subject, has the following, which particularly arrests attention:

There is something almost repulsive in the incongruities which the union of religion and patent medicines brings out. Can the mind pass easily from "Helps to Prayer" to "Vinegar Bitters?" Can "Golden Thoughts" retain their ethical value by the side of cancer-cures and "the only genuine kidney-cure?" We had become much interested in a tender and pathetic poem of which the first verse was as follows:

"In pastures green not always He
Who knoweth best in kindness leadeth me
But——"

and at this moment our eyes fell on the adjacent column: "9,000,000 bottles of this wonderful remedy sold in one year!" or words to that effect. It is revolting to have a tribute to the compassion of our Lord thus cheek by jowl with Congo Balsams and South African Blood-Purifiers and Catarrh Cures!

There pervades through many of the religious journals the woodcut of an ancient lady who sits, *splendide mendax*, over an announcement of a wonderful compound that lifts up the fallen womb and cures all the diseases of women. "Stand fast by the faith" is a beautiful religio-journalistic motto which may apply to more columns than was intended.

How very weak the gospel truths appear when set off by the advertisement of a cancer-cure!

Perhaps we have said enough for the present. We shall have more to say by-and-by. Every week increases the richness of our therapeutical collection from religious literature. It will soon form a little pharmacopœia of itself—a pharmacopœia not hampered by the restraints of scientific method, but copious in language, magnificent in promises, and as full of ingenious falsehoods as if the Father of Lies himself were pharmacist, author, and rhetorician.

In conclusion we appeal to the clergy to use their influence in checking this abominable practice of advertising nostrums in religious journals, a practice which, we repeat, they cannot but characterize as inconsistent with high morality, injurious to religion, and pernicious in every way. We are glad that some religious journals, notably the *Evangelist* and the *Appeal*, indulge in the practice but mildly, and appear to have a dim consciousnes that it is not noble or Christian to bolster up religion with patent medicine lies. As for the clergy and Christian people in general, we feel sure that it only needs a full and frank statement of the facts in order to excite their condemnation of the practice.

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"STUDY" OF A FASHIONABLE NEW YORK PHYSICIAN.—*Medical Record*:—In Mr. Henry James' recently published novel, "Washington Square," there is a very clever character study of a fashionable physician. The gentleman who is presented as a type of this class is a Dr. Sloper. He has that mixture of talent, perspicacity and adaptation which insures success in almost any profession. Starting life in a humble fashion, he both marries a fortune and makes a fortune, and this without any sacrifice of his own self-respect or resort to charlatanry. He is simply a profound student of human nature, and sees no reason why he should not humor it while endeavoring to benefit it. Mr. James says:

"It was an element in Dr. Sloper's reputation that his learning and his skill were very evenly balanced; he was what you might call a scholarly doctor, and yet there was nothing abstract in his remedies—he always ordered you to take something, Though he was felt to be extremely thorough, he was not uncomfortably theoretic; and if he sometimes explained matters rather more minutely than might seem of use to the patient, he never went so far (like some practitioners one has heard of) as to trust to the explanation alone, but always left behind him an inscrutable prescription. There were some doctors that left the prescription without offering any explanation at all; and he did not belong to that class either, which was, after all, the most vulgar. It will be seen that I am describing a clever man, and this is really the reason why Dr. Sloper had become a local celebrity."

No doubt many will recognize some very familiar traits in the above sketch. There is this to be said, however, about New York's fashionable physicians; in the regular school they hardly have the prominence in numbers or position that they possessed in the time of which Mr. James writes. Proportionally the number of physicians of the Dr. Sloper type (considerably diluted) is now much greater among the quasi-homœopaths—those who, under the guise of a broad eclecticism, profess whichever medical dogma suits their patient best. They are persons generally who excel in their powers of adaption to the idiosyncrasies of woman.

Among regular practitioners the development of the specialties, as well as the greater infusion of the scientific spirit, has brought new elements into the problem of professional success. A consulting or specialist practice now appears to most persons a much more desirable thing that a fashionable one, and for the former there is required more study of disease and less of human nature *per se*.

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THE PRIMÆ VIÆ.

BY DR. THOS. W. POOLE, LINDSAY, ONTARIO.

Primæ Viæ,—ductus Vitæ,
Has e'er poet sung of thee;
Of thy rich digestive juices,
Of thy automatic sluices,
Acting all in harmony?

Duodenal glands of Brunner,
Rich as jewels in a shrine:
Follicles and crypts sub-mucal,
Grander far than palace, ducal;
All the works of Art outshine.

Epithelial cells, columnar,
  Line thy arches far and wide:
Sentinels, on outpost duty,
Gems of protoplasmic beauty,
  Laved by every passing tide.

Here the villi dip their noses;
  Gifted with a wond'rous power,
Not of smell,—but of selection,
Of acceptance or rejection
  Of the products of the hour.

Noble villi! Who instructs ye
  Thus to choose our boon, or bane,
How do ye secure your treasure,
How transmit it at your leisure;
  Questions, yet to ask, in vain.

Organs delicate, and moulded
  On a microscopic plan:
Working transformations mighty,
Is it not the ductus vitæ,
  After all, that makes the man?

See that particle of butter,
  Now an oil globe on its way;
The saliva lightly kiss'd it,
But the gastric juice has miss'd it,
And the purling stream has whisk'd it
  In a duodenal bay.

There coquetting with a portion
  Of the undigested rice,
The hepatic fluid meets them,
Pancreatic juices greet them,
  And they're married in a trice.

Thus emulsionized and chylous,
  Higher still the process goes;
Villous, lacteal, lymphatic,
Vital, chemical and static,
  'Till to bioplasm it grows.

Primæ Viæ,—ductus Vitæ,
  Half thy story is unsung;
Uncongenial much that passes,
Hydro-sulphurets and gasses,
  Fœcal matters from thee wrung.

From the folds of deep mucosa
  Creep a thousand tiny rills;
Bearing with them as they issue,
Waste of nerve, *debris* of tissue,
  Else the source of many ills.

Happy he whose daily promptings
  Urge to defecation due:
Needing neither pills nor potions,
Regular, as his devotions,
  Setting out on life anew.

Patient sew'r! what wrongs oppress the,
  Glutted to excess, we dine.
With tasks herculean perplex thee,
At unseemly times we vex thee
  And frustrate thy high design.

But around the deep mucosa
  Other structures closely cling,—
Nerve and muscle fibres blending,
Fine elastic tissue lending
  Strength and firmness to the ring.

Each performs a special function,
  Each has secrets of its own.
Have they rivalries to smother?
Do they whisper one another,
  What is known to them alone?

Primæ Viæ,—ductus Vitæ,
  Let them scorn thy use who can;
Source of radiant health and beauty,
I my homage pay, and duty,—
  Thou it is that makes the man!

Canada Lancet.

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In the *Archives of Comparative Medicine* for October, is the report, by Dr. W. H. Porter, of a necropsy made upon an Oclos Feli-Parndalis, an animal that died at the Central Park Menagerie. For some weeks it had shown signs of pain and exhaustion. On examining the abdominal cavity a cancerous growth was found involving the pancreas and omentum.

A homœopathic doctor of Webster City, Ia., wishing to smooth the wrinkles out of his (sheepskin) diploma (?) took a hot flatiron to accomplish the operation. He now claims that he has a specific for measles and calls the remedy "ovidiplos-kinicum."

Thirty-eight out of ninety-five foreign students at the University of Vienna during the past summer were Americans. "And," remarks the Louisville *Medical News*, "what a vast amount of bad therapeutics they will bring home."

Gen. Grant is writing an article for the February number of the *North American Review*, advocating the Nicaragua Canal Scheme. The same number of the *Review* will contain a contribution by Judge Tourgee, author of "The Fool's Errand," entitled "Aaron's Rod in Politics," and one by Oliver Wendell Holmes, on "The Pulpit and the Pew."

Over one hundred members of the British Medical Association have memorialized the Home Secretary in favor of cremation. Their prayer is that, disapproving of the present method of disposing of the dead, the government will not oppose the practice of cremation when it is done under proper restrictions.

Buchanan, it appears, is not yet fully out of the woods. After his acquittal of the charge of using the U. S. mail for fraudulent purposes he was tried for endeavoring to defraud the government of his bail by pretending to have committed suicide by drowning. He was found guilty and has been sentenced to pay a fine of $500 and to undergo imprisonment for ten months, in the penitentiary. And the end it appears is not yet, for there are other charges of a grave nature still against him.

A sanitary convention will be held under the auspices of the Michigan State Board of Health, in Flint, on the 25th and 26th insts. A very attractive programme has been prepared, and the convention promises to be equally successful with its two predecessors. Dr. Bela Cogshall, of Flint, is the local secretary, and to him may be addressed all inquiries for further information.

Dr. Hilliard, in the *British Medical Journal*, reports that he has frequently secured the cathartic action of castor oil by applying the oil to the abdomen under spongio-piline, or other water proof material. The suggestion is a valuable one in the treatment of the refractory youngster.

It wouldn't have cost *New Remedies* much extra trouble when it clipped bodily for its January No. the article on "Medicinal Eruptions" from our issue of November 25th, to have mentioned where it got the article. We are gratified, however, to know that the article was thought good enough to appropriate.

Maryland Medical Journal: It is not often that the doctor tells the truth about the results of his practice, but a German physician was lately surprized into doing so by the winning voice of childhood. "Papa," said the little one, "do people pay you for those patients who die as well as for those who get well." "God be thanked, my child, they do," was his fervent reply, "otherwise we should all be reduced to beggary at once."

The National Association for the Protection of Insane and the Prevention of Insanity is the name of an organization lately formed whose object is indicated in its title. It is purely a philanthropic organization, and has its origin in the deplorable facts that insanity is on the increase in this country, and that the insane, notwithstanding the many imposing institutions in the different states, are not properly provided for from sheer lack of accommodation. It is one whose mission appeals to the better nature of all. Miss A. A. Chevaillier, 10 Marble St., Boston, is the Secretary, and Dr. George M. Beard, 13 W. 29th St., New York, the Treasurer. The membership fee is $2.00, which sum also secures the printed matter issued by the Association. Fees should be addressed to the treasurer.

Residents in high altitudes are beginning to complain of the anaphrodisiac influence of their situation, and the social evil which is such a difficult problem for the philanthropist in the cities of the plains, is said not to be a thorn in the flesh of society in the mountains. These conclusions are drawn from a letter by a Dr. Shœmaker to the *Medical Record*, in which he details his experience in Colorado. We have heard stories from Leadville which rather discredit this reported influence of high altitude on the imperious instinct. We should be pleased to hear from some of our Colorado readers on this subject.

Dr. Ryle, the new Bishop of Liverpool, may be a gentleman and a scholar, but he is not a very good judge of the proprieties. Being called upon recently to address an assembly of medical men he volunteered the information: "I am not ashamed to say I have a son a doctor." *Punch* refers to the incident in the following lines:

"How kind of the Bishop and how patronizing,
And yet to his *Punch* 'tis is little surprizing
That speaking to medical men there in session,
He dared speak of shame and a noble profession.
A bishop looks after our souls, but how odd is
The sneer that's implied and the curer of bodies;
For surely it would not be hard to fish up
A hundred brave doctors as good as the Bishop."

A number of American surgeons recently assembled in New York and formed themselves into an Asssociation of American Surgeons (the exact name of which has not yet been decided upon). The number of members has been limited to 125, of which 100 will be active, and twenty-five honorary. Of the latter ten only will be American and fifteen foreign. None will be admitted to either active or honorary membership who have not distinguished themselves by their writings, teaching, or original research. Dr. Samuel D. Gross was elected president of the new organization. It is the intention to hold a three days' session annually.

If we accept the authority of Dr. J. S. Billings, the ratio between prevention and charity is not very different from that which the adage gives as existing between prevention and cure. Dr. Billings says: "The interest on the money which, during the past fifteen years, has been raised by voluntary contributions in the North to aid Southern communities affected with yellow fever, would more than pay all expenses" of quarantine measures for the exclusion of that disease from Southern ports. The ounce bears about the same arithmetical proportion to the pound that interest (at six per centum) does to principle.

Dr. D. G. Brinton, of Philadelphia, announces the early appearance of "The Principles and Methods of Therapeutics," by Alphonse Gubler, M. D., Professor of Therapeutics in the Faculty of Medicine of Paris, etc., translated from the French, one vol., 8vo. Gubler may be said to have been the most distinguished exponent of scientific therapeutics—in the best sense of the term—in this generation. Following Trousseau in the professional chair, and a pupil of that great teacher, he took a long step in advance of his master, and may be said to have developed the only method of therapeutics which reconciles the empirical and clinical art of medicine with the demands of exact and logical science. His labors created a new epoch in professional practice in France, and in all other countries where they have become known have made a profound impression on the professional mind.

The American Medical Bi-Weekly which was formerly published in Louisville, Ky., and which had nearly reached the close of the eleventh volume when the severe and protracted illness of the editor compelled its temporary discontinuance, is now, on his entire recovery, restored to its position among the medical journals of this country. The editor, Dr. E. S. Gaillard having made his home in New York, the *Bi-Weekly* is now published there. The *Bi-Weekly* is with pleasure again placed upon the Exchange list. Its address is Box 1124 N. Y. City.

QUERY. How is it, Mr. Editor, that the *Pacific Medical and Surgical Journal* which is notorious for its uncompromising opposition to all sorts of irregularity in medicine, and the banners on whose outer walls read in flaming letters "Death to Quackery!" refers to Dr. Scudder, of Cincinnati, in such respectful terms as I observe he does in the last number of the NEWS? I regard the great mogul of the Eclectic Medical Institute as such a one as Dr. Gibbons, to be consistent with his reputation as the peculiar champion of regular medicine, should not refer to except in scathing denunciation. He is neither fish, fowl, nor beast, but a nondescript conglomeration of homœopathy, eclecticism, and heaven only knows what. Dr. Gibbons evidently don't know him, or knowing him, has struck his colors and deserves no longer to be known as *par excellence* the Defender of the Faith. A TRUE BLUE.

Original Articles.

Eye and Ear Clinic at the Michigan College of Medicine, Detroit.

BY C. J. LUNDY, M. D., PROFESSOR OF DISEASES OF THE EYE, EAR AND THROAT.

OPHTHALMIA NEONATORUM.

GENTLEMEN:—The first case to which I desire to call your attention is that of a young infant which is suffering from ophthalmia neonatorum. The term "ophthalmia neonatorum" is used to designate an acute conjunctival inflammation (usually purulent) which occurs in the eyes of new born babes. In most instances this form of ophthalmia does not differ essentially from the purulent ophthalmia of the adult, although it is occasionally nothing more than a catarrhal inflammation. In the vast majority of cases it shows itself in from two to five days after birth, but it may occur much later. This little patient is now two weeks old, and the nurse tells us the disease began to manifest itself on the third day. At first the lids were glued together and they soon became swollen and œdematous. In a comparatively short time more or less discharge showed itself, and during the first day or two it was muco-purulent, but it early assumed a purulent character, which, as you observe, still continues.

Left to itself the course of this case would be uncertain, and although under such circumstances the eye would probably be lost, yet the disease might subside after a lapse of several weeks and leave the conjunctiva in a catarrhal condition and the sight unimpaired. Under proper treatment the duration of the disease is usually from two to four weeks.

In all cases of purulent conjunctivitis the first departure from health is an active hyperæmia. This involves the vessels of the palpebral and ocular conjunctiva, and implicates the deeper vessels as well as the superficial ones. This congestion is rapidly followed by serous and cellular transudation and also by cell proliferation. These, with the hyperæmic condition of the vessels, cause more or less swelling, as you see, in the lids and conjunctiva of this patient. The epithelial cells of the conjunctiva permit the escape of leucocytes and probably take part themselves in the formation of pus. In the little patient before you, you will observe that pus is present in abundance and even flows out upon the cheeks. In most instances the cause of ophthalmia neonatorum is the contact of some discharge from the vagina of the mother with the conjuntiva of the babe at time of birth. The discharge may be such as occurs at time of parturition in ordinary cases, or it may be further vitiated by admixture of other discharges. For example, at time of accouchement, the mother may be the victim of a vaginitis. This vaginitis may be simple, or it may be specific, that is, gonorrhœal. From want of care the inoculation of the eyes with the lochia may take place some days, or even weeks after birth. In the case of our little patient I think it altogether likely that some of the discharges from the mother found their way into the eyes during parturition. Other causes undoubtedly give rise to the disease in a small number of cases.

Very naturally the parents of the little babe are anxious to know what are the prospects of recovery—in technical language, what is the prognosis. This is an important question in such cases, and one whose answer cannot always be direct. If these cases are seen early and if they are properly treated, the vast majority of them recover completely. If, however, the cornea has become involved before anything is done to check the inflammation, the prospects of recovery are not good. Indeed many eyes have gone to destruction before the surgeon is consulted. In neglected or improperly treated cases you may find ulceration of the cornea, perforation of that tunic, prolapse of the iris and total loss of the eye. No doubt many of you remember a little infant four weeks old who was brought to the Michigan Eye and Ear Infirmary a few days since. You also remember that one eye was totally lost as a result of improper treatment of this disease. Not long since I saw four eyes which had become sightless during the course of ophthalmia neonatorum, and strange to say they had all been treated by the same physician.

On examining the eyes of our little patient we find that the corneæ are still clear and transparent. There is an absence of disturbed nutrition and haziness which are the first signs of corneal complication. This being the case, we would be justified in giving a favorable prognosis in this instance; but did the corneæ appear dull and cloudy, or if they were already ulcerated, we would not be justified in so doing.

The treatment of ophthalmia neonatorum is a subject of much importance to you, for as general practitioners of medicine it is likely you will be the first to see these cases, and in the vast majority of instances they must be entirely under your charge. Patients suffering from other forms of eye disease may be sent some distance to consult a specialist, but it will be impossible to send these young infants beyond their immediate neighborhood. Therefore, you should be prepared to treat these cases intelligently and to meet the responsibility imposed upon you. You should also bear in mind that of all diseases of the eye, this is probably the one which furnishes most recruits to our blind asylums.

No stereotyped plan of treatment can be laid down for your guidance in the management of this disease. Your treatment should be modified by the severity of the case, the stage which the disease has reached and by the presence or absence of complications.

As you will observe, in the little patient before you, the disease is in the purulent stage. Various astringents and caustics are used in this stage of the disease. Nitrate of silver in solution, grs. v–x to ℥j of distilled water, may be applied to the everted lid twice daily, after the eyes have been thoroughly cleansed. It is safer to apply such solution with the cotton probe, for then you can limit its application to the inflamed conjunctiva. Many surgeons use the mitigated stick of nitrate of silver and then wash it off. Although there is no sign of corneal trouble in our little patient, yet it is during this stage that corneal affections are apt to show themselves, therefore you should be careful not to allow strong solutions of nitrate of silver to come in contact with a cornea whose nutrition in already endangered. Other astringents may be employed, either alone, or as adjuvants to those already named. The zinc and alum mixture—two grains of the former to six of the latter to the ounce of water—may be used several times a day, while the nitrate of silver is used once. The zinc and alum may be injected beneath the lids, but there is danger of injuring the cornea with the nozzle of the syringe. In these cases cleanliness is of the utmost importance. Such eyes should be cleansed with warm water and a soft cloth every one or two hours, and especially if the discharge of purulent matter is copious. I cannot sanction the cleansing of the eyes every ten or fifteen minutes as advocated by some surgeons, for I think rest is as important to an inflamed eye as it is to any other inflamed organ, and the constant washing of the eyes precludes the possibility of rest. Hot formentations are often beneficial in this stage, and especially so if there is any sign of corneal trouble. Under no circumstances should you apply poultices to such eyes. The edges of the lids should be occasionally anointed with cosmoline to facilitate the escape of the discharges. Retained secretions are apt to undergo degenerative changes and become more irritating in consequence. By some it is maintained that the leucocytes, together with the presence of large numbers of bacteria in the discharges, are the important factors in producing disturbance of nutrition in the cornea. While I do not think these are by any means the only causes of corneal trouble arising in the course of this disease, yet they are of sufficient importance to call for thorough cleanliness and also for the use of disinfectants. Accordingly, I have, for some time past, employed a disinfectant in the treatment of all forms of purulent ophthalmia—that is in ophthalmia purulentis of the adult, in ophthalmia neonatorum and in gonorrhœal ophthalmia—and with satisfactory results. For this purpose you may employ a solution of boracic acid grs. iij to gr v to ℥j, of which a few drops may be dropped into the eye several times daily. In all cases of ophthalmia neonatorum, except where a peripheral ulcer of the cornea is present, it is advisable to use a weak solution of sulphate of atropia to dilate the pupil. When the disease has reached the catarrhal stage in the process of cure, the milder astringents should be employed.

ACUTE SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

The next patient is Mrs. Blank, æt. 32. She gives the following history: Two weeks ago after taking cold she began to have trouble in the right ear. Her hearing became dull, the ear seemed full as though it were stuffed with cotton, and she was much annoyed by ringing noises. These were quickly followed by pain, deep-seated and quite severe, which was throbbing in character. The symptoms increased in severity until on the third day—between 48 and 72 hours after the first symptoms were noticed—she felt something "give away" within the ear and a free discharge of pus took place from the external auditory canal, and pus is still discharging in considerable quantity. She suffers more or less pain even now, but the pain is not as severe as it was before "the gathering broke" as she expresses it. She has also suffered from pain in the side of the head and in the mastoid region, for which blisters were applied by her medical attendant. So much for the subjective symptoms. Upon examining the ear after cleansing it, we find that there is a soddened infiltrated condition of the dermal lining of the external auditory canal, from contact with the discharges. We find also that there is a perforation of the membrana tympani and that the remaining portion of the membrane is more or less macerated. There is a swollen, almost granular condition of the mucosa lining the drum of tympanum. Upon inflating the ear with Politzer's air bag we get the so-called "perforation whistle."

This "whistle" is caused by the forcible escape of air through the perforation in the membrana tympani. The sudden compression of the Politzer air bag forces air through the Eustachian tube into the drum, and from the drum through the perforation in the drum membrane.

With the brief history which you have just heard, you should have no hesitation in making a diagnosis of "acute suppurative otitis media."

Now, what are the pathological conditions in this and similar cases? The first departure from health is one of congestion not only of the capillaries and venules, but also of the arterioles, of the lining of the tympanum. This altered condition of the circulation is probably the principal factor in producing the "roaring noise" of which the patient complains. The congestion is quickly followed by serous and cellular exudation, and the delicate mucosa, the submucous connective tissue, and in severe cases probably also the periosteum, become more or less infiltrated and swollen. There is a free secretion of mucus from the racemose and tubular glandules of the tympanic mucous membrane, and this with the congestion and swelling causes a sense of fullness in the ear such as our patient complained of. Thus far these cases do not differ essentially from acute catarrh except in the intensity of the inflammation. But now large numbers of leucocytes find their way from the blood vessels and the discharge becomes purulent in character, and ulcerative process begins in the drum membrane which is soon perforated and the discharge finds its way externally. When the membrane perforates, the patient usually experiences some relief from pain and you will remember that our patient felt easier after the "gathering broke" as she put it. In all severe cases of acute suppurative otitis media, and especially in those of long duration, there is apt to be more or less implication of the mastoid cells of which I said some thing to you in a previous lecture. This implication may be slight, or it may involve the long walls of the air cells and be followed by abscess and necrosis. Now, our patient has complained, and still complains, of pain in the mastoid region, but as blisters have been applied in this region by her medical attendant, we are unable to get some of the external signs of mastoid disease. However, she assures us that there was no redness, swelling or tenderness in this region previous to the application of the blister. We may conclude, then, that the mastoid trouble has not been of a grave character; and we are warranted in taking this view, since the pain and other symptoms do not point to anything of a serious nature. In our patient's case the inflammation has probably been confined to the muco-periosteal lining of the mastoid cells. This view of the case would warrant a favorable prognosis.

How shall you treat these cases of acute suppurative inflammation of the middle ear? If you see the patient early and before the drum membrane is perforated, you should attempt to check the progress of the inflammation. Two to four leeches should be applied to the base of the tragus, for at this point you can more readily reach the blood vessels which lead to the tympanum. Free douching of the ear with hot water will also afford relief from pain and favor resolution. If mucus and other exudation have collected within the drum, and if the drum membrane is bulging outward, you may perform paracentesis, and then by aid of the Politzer air bag cleanse the tympanic cavity. All these remedies—leeches, hot douches, paracentesis and Politzerizing—may be repeated if necessary. If by an ulcerative process the drum membrane has been perforated and pus is discharging, your treatment must be curative. It is in this condition our patient comes to seek advice, for the time of prevention has long since passed in her case. In this stage cleanliness is of the utmost importance. If the discharges are allowed to remain within the ear they are apt to undergo decomposition and become irritating. Indeed we frequently see exuberant granulations and polypi spring up in the ear caused mainly by the presence of irritating, retained secretions. The ear should be cleansed two or three times daily by means of warm water and the aural syringe and the cotton mop. To the water a little bicarbonate of soda or a little soap may be added. If pain continue, you may apply leeches or use the hot douche as before directed. The Politzer air bag must be used daily, for this is not only an important therapeutic agent, but it is also a great aid to cleanliness. Astringents may now be applied with advantage, although it is better to try the milder ones at first. For example a solution of sulphate of zinc gr. ij to jv ad ℥ j may be warmed and dropped into the ear; or the sulphate of zinc and alum mixture may be used—two grains of the former to six of the latter ad ℥ j. But in all instances the ear must be thoroughly cleansed before these are employed. Most cases get well under this mild treatment, but should the disease be obstinate, other astringents and caustics may be employed. If the mucosa shows a tendency to become granular as in the case before you, a solution of nitrate of silver, gr. xx to lx ad ℥ j may be applied with the cotton probe. Strong solutions should not be poured into the ear.

You need not be limited in the choice of astringents to those I have just named; but you must bear in mind that cleanliness is of the first importance, and that the majority of these cases would get well without any other treatment. Sometimes your patients will be worn out from long suffering and loss of rest. In such cases anodynes and tonics are indicated and you should give them as required and as your judgment will dictate.

Notes on Post Partum Hæmorrhage.

BY F. E. BODEMANN, M. D., DETROIT, MICH.

While a student in the University College, London, England, in the summer of 1875, I was the only student on the obstetrical list; usually there are from five to ten. I had a very great amount of work to perform, as the district surrounding the hospital was large and exceedingly populous, over five thousand births occurring annually in the maternity department. Having sometimes to attend to as many as three births in a single night, I was frequently fatigued and exhausted. One night I was particularly so, a night which I shall never forget. I was called to a patient between 1 and 2 o'clock A. M., about a mile distant from the hospital. On my arrival, the os was found undilated, pains not severe and infrequent; multipara. She complained of having a uterine tumor of some kind. After having given her a full dose of opium, I concluded I could safely leave her until morning, thinking I would have a few hours of rest. In an hour from that time I was again called by the nurse, but being exceedingly sleepy thought I could delay calling for half an hour, and consequently overslept. Again I was called the third time, and went in haste; found the child born, washed, dressed, cord cut and tied, and the state of the mother alarming. The placenta was still in the uterus and blood gushing from it, and patient almost completely exsanguinated. The extremites were cold, pulse imperceptible, respiration stertorous, forehead covered with cold clammy sweat, mattrass soaked with blood, also blood on the floor; in fact it was one of the worst cases of post partum hæmorrhage I ever saw. Visions of passing from ten to twenty years in Newgate prison for manslaughter passed through my mind, as the laws of England are exceedingly strict in these matters. Without waiting to oil my hand, I introduced it immediately into the uterus and removing the placenta flung it on the floor. I gave one-half fluid ounce of ergot in combination with ammonia and hot brandy to facilitate its absorption. I also lowered the head, and elevated the limbs above the body, and pressed the blood backward with my hands, tore up a sheet and put a bandage tightly around the cephalic extremities, and introducing one hand into the uterus, I placed the other on the abdomen. If I had had a syringe I would have injected chloride of iron into the uterine cavity, according to the method of Dr. Robert Barnes. Had I been possessed of a hypodermic syringe I would have injected ergotine into a vein, but all these were wanting, so I had to do the best I could under the circumstances. The woman's life was saved, but she came nearer going than I care to have another go under like circumstances. She had severe cephalalgia for days afterwards, but small doses of quinine and big doses of Quevenne's iron, beef-tea, raw eggs with cognac soon restored her to her normal state.

Had I lost that woman I should to-day consider myself guilty of manslaughter, and whether prosecuted or not, it would have caused me many troubled thoughts. I do not endeavor to exculpate or exonorate myself, but it taught me a most impressive lesson, which I can never forget. No law in England or the United States can compel us to attend a case, but remember when you enter the room of the parturient woman, you are responsible to your own sense of morality and honor to that patient, and to the laws of your fellow men and country. So be careful fellow students and practitioners, how you assume that grave responsibility, and furthermore, if you loose that patient through carelessness, ignorance or neglect, you are morally if not legally guilty of murder.

A graduated homœopath, in this city, attended a case of a primipara and made no effort to, nor did he make, a vaginal examination. How would this resulted to mother and child had there been a transverse presentation? Mr. Christopher Heath, one day coming late to his clinic, observed: "I have been to Norwich to give testimony in a case where an inebriated medical man cut off three or four feet of intestine for umbilical cord, and then perceiving his mistake, told the nurse to burn it. This excited her suspicions. He was arrested, tried and acquitted, and then, rejoicing in his notoriety and celebrity, opened the public houses and hired a brass band, all of which so disgusted the decent citizens that he was re-arrested and got four months."

In the Detroit *Review of Medicine* of August, 1876, it is reported of a quack, who used a bucket-bail, ruptured the uterus and jerked the under jaw off the fœtus, and was sentenced to ten days imprisonment; during that time he sold more medicine than all the doctors in the village.

Some doubt the possibility of the existence of concealed hæmorrhage. I was called to a pluripara; all went normally, and there was only ordinary oozing from the vagina. I was about to put on the binder, (such is the English rule), when I noticed that the flaccid abdomen began to enlarge. I pressed my hand on it and out gushed a stream of blood. For experiment, I took my hand off and again it became extended, though the amount of blood escaping from the vagina was so small that no one would call it post partum hæmorrhage. And again, on pressing, the same was repeated. I then gave ergot and applied cold, and the uterus soon became hard and firmly contracted. It is the custom of Dr. Graily Hewitt, of the University College Hospital, London, to have students give ergot after parturition to lessen the possibility of post-partum hæmorrhage. This is on the theory of clots causing after pains, and as ergot expels these clots, the pain diminishes.

In the short space of six months, during which I attended cases in his department, I had one forceps case, several still-born, three breech, one child with six digits, one with club-foot, and saw, but was not allowed to examine, a partial placenta-prævia, and saw the professor perform six ovariotomies. The doctor, unlike many Englishmen, is kind, courteous, polite and obliging to Americans.

The above are a few notes from hospital life in the great city of London with its 3,600,000 inhabitants.

294 Jefferson Ave.

Almost a Specific for Catarrh of the Nasal Passages.

BY H. A. EBERLE, M. D., WEBSTER CITY, IOWA.

In this state, where catarrh is so prevalent amongst the people, any remedy that would perform a cure will be hailed with the greatest delight. Iodoform, as a remedy for chronic ulcers, was used quite extensively in the Montreal General Hospital in 1872 to 1876 with such good results as to warrant its trial in private practice. Since that time I have made use of it in very many ways, in the treatment of piles, fissues, granular ulcerations of the uterus, etc., and always with gratifying results.

In view of all its healing proprities, I was led to adopt the remedy for the treatment of catarrh, and as I had been a sufferer from the disease in a chronic form for many years, and had used many preparations with varying success and little benefit, I concluded to make use of it in the following manner. First, an ointment is made thus:

℞	Iodoform, finely powdered	grs. lx.
	Ext. Geranium, solid	grs. x.
	Acidi Carbolici	gtt. xv.
	Vaselini	qs ℥ i.

Mix. Secondly, bougies are made out of absorbent cotton saturated with the above ointment and simply introduced up the nasal passage as far as as necessary at bedtime. These are left in all night and are easily removed in the morning by blowing the nose.

This is repeated for a week or ten days, when the most obstinate case of catarrh will yield to the treatment. Scarcely any other treatment is necessary, except the occasional use of the posterior nasal douche with some cleansing fluid. I usually employ a weak tepid solution of chloride of sodium before introducing the "iodofodized cotton" tent.

Selections.

Gelsemium, an Antipruritic Remedy.—The physician is often very sorely put to it to give relief to the symptom of itching which so frequently forms a prominent feature in certain skin diseases, and the most varied local measures will be used in many instances, with the result of aggravating the local irritation. Not unfrequently opium and morphine will be prescribed internally, in the hope of giving relief by inducing sleep, but in vain, for small doses are ineffectual in allaying pruritus, and, if the quantity be sufficient to induce a forced sleep, the patient often scratches in his sleep and awakes unrefreshed, having had tormenting dreams, during which there has been an incessant working at the diseased parts in the guise of some delusion of sleep. Chloral undoubtedly has very considerable value as an antipruritic, employed either internally or externally, and when taken in moderate doses in conjunction with bromide of potassium, and also with a little aconite, is often of the very greatest service. Belladonna, given internally, is spoken of as arresting itching in a measure, but the system must be under its full physiological effects, to accomplish this. Carbolic acid has likewise been given internally in prurigo, and is thought to control pruritus when taken in considerable quantity and for some time; but there are some doubts in regard to its real effect on the itching, and its action is certainly very slow. Here the list of remedies used internally to quiet this distressing condition ends, and it is readily seen how few they are; indeed, chloral and bromide of potassium stand out almost alone, and the objections to their continued or too oft-repeated use need not be mentioned here. This field is one which needs cultivation, and one in which it would seem that there should be some progress made; and every contribution, however slight, has a practical value, not only in adding to the stock of remedies to be appealed to, but as indicating the direction in which thought should turn.

In searching for a vegetable neurotic which would probably have the desired effect, I concluded that gelsemium, from the relief which it occasionally gives in spasmodic asthma, and in certain cases of neuralgia of the fifth pair, would possibly act as a nervous sedative on the skin. The physiological action of gelsemium is described as causing, among other symptoms, a sensation of numbness of the skin and a certain general languor or relaxation of the muscles. I have, accordingly, prescribed it for a considerable number of persons during the past two or three years, mainly those suffering from eczema, and am prepared to advise its use as an adjuvant for the relief of itching in certain cases. It must not be expected that it will always act efficiently, for it has failed in certain cases; though I cannot tell under exactly what conditions it will succeed or not. The cases have been only in adults, and I should hardly yet be willing to give it to children or to those who were not able to watch its effects by their personal feelings in other respects than the itching. I have generally told the patients to take it in increasing doses, repeated every half hour or every hour, until the pruritus was relieved, or until some of the unpleasant symptoms were experienced.

The physiological effects of the drug may be judged from the following:* "A physician subject to supra-orbital neuralgia found that the tincture, gradually increased in dose, produced in him a very agreeable sense of languor and tranquility, then slight dizziness, impairment of vision, and drooping of the eyelids; a feeling of numbness beginning in the scalp, and gradually extending to the upper and then to the lower extremities, followed by impaired motility, embarrassment of the respiration, and enfeeblement of the heart's action. A still larger dose intensified all these effects, produced marked vertigo, almost total blindness, and decided ptosis."

The smallest fatal dose, in the adult, is reported as two drachms of the fluid extract, and twenty-one drops of the same is recorded as the smallest fatal dose in children. It is also stated that small doses have sometimes produced alarming symptoms, although this appears to be very rare, and I have never known such in any of the cases in which I have prescribed it, nor among those of my household to whom I have frequently given it for toothache. I have employed it in my office to give relief to a paroxysm of itching in eczema, and have questioned for unpleasant symptoms, but have failed to find them.

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*"National Dispensatory," second edition, page 675.

Thus far I have always employed the tincture, although the fluid extract appears to be the most commonly used. From three to ten minims is stated as a medium dose of the fluid extract, repeated every two or three hours until some of the characteristic physiological symptoms are produced. In most of my cases I have began with ten drops of the tincture, and, if in half an hour there was no apparent effect in relief of the itching, and none of the languor, I have had the remedy repeated in somewhat larger doses, as twelve or fifteen drops, and so on until results were obtained, or until a drachm or so had been taken in two hours. I have never pushed it to any of the more severe symptoms, and have often found at least some measure of relief after the first or second dose.

The sensations described by patients correspond considerably to those quoted above from the physician who took the remedy to the degree of producing its physiological effects. I believe that most of the patients have taken it mainly at night, and I usually direct that the dose shall be prepared and taken immediately before going to bed. One lady, who had suffered intolerably from eczema of the genitals for a long time, combined at times with some eruption elsewhere, on whom chloral and the bromides had lost all soothing effect, and who obtained perfect rest from gelsemium, described the sensations fully. She expressed the feeling to be as of a wave passing over her, first with a thrill, as if something were circulating through the blood to every portion of the body, and then a sense of quiet or ease followed immediately, with an indisposition to move. There was no unpleasant sensation, absolutely no effect upon the mind, but she wanted to sleep from the relief which was obtained, and the sleep was spoken of as "delicious." In this instance the itching was largely confined to the genital region, deep in, and depended in part upon ulcerative disease, which was afterward found on the cervix uteri. The gelsemium was used by her with most excellent effects for a considerable period of time. Other cases might be mentioned in detail, but, as the subject would not be rendered clearer thereby, they are omitted.—Dr. L. Duncan Bulkley in *N. Y. Medical Journal.*

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THE USE AND ABUSE OF CHLORATE OF POTASSIUM IN DIPHTHERIA.—Dr. A. Jacobi, in his late treatise on Diphtheria, fixes the place which in his estimation the chlorate of potassium holds in the treatment of this disease, and reiterates and emphasizes the warnings which he gave over twenty years since against the immoderate use of this drug. Both the chlorate of potassium and the chlorate of sodium he regards as prophylactics and not as curative agents in diphtheria. Their power lies in their sway over the stomatitis and pharyngitis which exist so largely during an epidemic of diphtheria, and which, as he says, "must be referred to the epidemic sometimes as kindred diseases and sometimes as introductory stages only, which, however, do not or do not yet, show characteristic symptoms of the disease." Such cases as these, whether due to the epidemic or not, demand the exhibition of chlorate of potassium; and "genuine diphtheria complicated with a great deal of stomatitis and pharyngitis," which is usually the state of affairs, also indicates its use; and its indication is here of scarcely less importance, because the diphtheritic exudation will spread with difficulty over the healthy surface, but attacks eagerly a surface denuded of its epithelium by catarrhal inflammation. So it happens with this preventive design Dr. Jacobi employs the chlorate of potassium or of sodium "in almost every case" of diphtheria.

The doses of chlorate of potassium recommended by Dr. Jacobi are—for a child one year old, a scruple during twenty-four hours; at two or three years of age, half a dram; and for an adult, not more than a dram and a half or two drams during that period. He deems it of great importance that these limits should not be exceeded. Where the general effect of the drug is aimed at, the daily modicum may be divided into occasional doses; but for local effect it must be kept in almost constant contact of the parts. For this purpose he says "it is better that the daily quantity of twenty grains should be given in fifty or sixty doses than in eight or ten!" This is a slightly impracticable prescription perhaps, but it illustrates the views taken by Dr. Jacobi concerning the dangers of the indiscriminate use of the chlorate of potassium in fixing so specifically the laws of of its dosage. He says, in fact, that he thus emphasizes the matter because of the attempts to introduce chlorate potassium as the main remedy in diphtheria, and, "what is worse, in large doses." Seeligmüller gives to children three years old half an ounce daily. Weigert recommends six drams. The former modified his practice to some extent in later years, when he found that chlorate of potash might act injuriously on the heart. So, too, may it interfere with digestion; and if there is one disease which demands nutrition and conservation of nerve-force, it is diphtheria.

Dr. Jacobi follows with a number of cases where death came from overdoses of the chlorate of potassium; "a tablespoonful," "six drams," "an ounce," "a strong solution" being the quantities mentioned; taken sometimes by mistake, sometimes what was intended as a gargle used as a drink. Three drams taken in one day killed a child three years of age in twenty-four hours (J. Lewis Smith), the child discharging "only a few drops of bloody urine." Dr. Fontain, of Iowa (Alfred Stillé), experimenting on himself with an ounce and a half of chlorate of potassium, died in a week of nephritis and enteritis. Nine cases of death in all are reported by Seeligmüller, Lacombe, Ferris, Stillé, Smith, Jacobi, Kracowizer, and Kuster, and several others which came nigh to death's door from chlorate-of-potash poisoning.

Dr. Jacobi, in his conclusion to this part of his subject, says:

"After all the previous remarks, the practical point I wish to make is this, that chlorate of potassium is by no means an indifferent remedy; that it can prove and has proved dangerous and fatal in a number of instances, producing one of the most dangerous diseases—acute nephritis. We are not very careful in regard to the doses of alkalies in general, but in regard to the chlorate we ought to be very particular. The more so as the drug, from its well-known either authentic or alleged effects, has risen, or descended, into the ranks of popular medicines. Chlorate of potassium or sodium is used perhaps more than any other drug I an aware of. Its doses in domestic administration are not weighed, but estimated; it is not bought by the dram or ounce, but by the ten or twenty cents' worth. It is given indiscriminately to young and old, for days or even weeks, for the public are more given to taking hold of a remedy than to heed warnings. Besides, it has appeared to me that acute nephritis is a much more frequent occurrence now than it was twenty years ago. Chronic nephritis is certainly met with much oftener than formerly, and I know that many a death-certificate ought to bear the inscription of nephritis instead of meningitis, convulsions, or acute pulmonary edema. Why is that? Partly, assuredly, because for twenty years past diphtheria has given rise to numerous cases of nephritis; partly, however, I am afraid, because of the recklessness with which chlorate of potassium has become a popular remedy."

The words of the great clinician should be well considered.—*Louisville Med. News.*

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TREATMENT OF OBSTINATE MALARIAL ATTACKS.—The case before us is a simple ordinary one of intermittent fever. He has a chill every other day. The fever is, therefore, of tertian type, and, after the chill, the hot stage lasts two or three hours, and is terminated by sweating. This has been kept up for some time, and will prove what I say, that an attack of intermittent fever in a malarious district is not to be despised. After checking the disease with quinine, the paroxysms will recur, and the treatment will thus often be brought into discredit, unless some few points are borne in mind, as regards the method of administration. Give the quinine at least three hours before the expected paroxysm. Shall we give small doses frequently repeated, or large doses less often? The latter is the true mode. You will then give fifteen grains three hours before the expected paroxysm. I prefer this to the former method, for this reason, which I regard as indisputable: Quinine, though not eliminated from the system with great rapidity, yet is eliminated, and chiefly by the urine. If we were to give it in small doses early in the morning, by afternoon it would be eliminated, and would require to be repeated, and in larger amount, in order to check the paroxysm. Therefore, it is more economical, as well as more effective, to give a single large dose, which is also more agreeable to the patient; for I affirm that fifteen grains given at once will give much less distress than one grain every hour until the same amount be taken. Large doses obtund the sensibility of the cerebral centres, while smaller ones cause excitement of the brain and tinnitus.

By giving a single large dose of a gramme of quinine at least four or five hours before the time for the appearance of the expected chill we break up the paroxysms. What shall we do to prevent their return? We ordinarily hear that the chills are apt to return at septenary periods; but if you will look into the matter you will find that they recur in multiples of the original number. Thus, tertian would return in six days, or if not, then on the ninth, twelfth, fifteenth, eighteenth, or the twenty-first day; and in quotidian they are apt to be manifested in multiples of two. On these critical days, the remedy should be repeated. If we break up the chill to-day, on the day after to-morrow, although he may not have a decided chill, he will have some significant symptoms, that are evidences of systemic disturbance; he will excrete more urine, he may have a diarrhœa, general muscular soreness, or something else indicating the influence of the malarial poison. We must, therefore, give our quinine again, and repeat it on subsequent days, multiples of the original attack, administered in anticipation of the former hour of the attack. On the morning of the sixth and seventh, the thirteenth and fourteenth, the nineteenth and twentieth and twenty-first days, doses of ten grains shall be given on each of these days.

What else? Do you abandon your patient in the interim? Ten grains of quinine will not be sufficient to relieve a damaged liver, or to reduce an enlarged spleen; in other words, the condition of chronic malarial poisoning. Treatment must be directed to to this object as well as to breaking up the chills, or they will inevitably return. Lugol's solution, in five-drop doses, given in water before meals, and Fowler's solution, three drops after meals, always prove most efficient aids. It is best, about the twenty-first day, to give a full antiperiodic dose of quinine for three days, for by this time there is a much greater accumulation of morbid material in the blood than at the other periods named.

Please bear in mind these rules which I have just given you, for you will find that they will stand you in good stead in all these cases of obstinate malarial attacks.—*Dr. Bartholow, in College and Clinical Record.*

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NEW THEORY AS TO THE PATHOLOGICAL CHANGES IN THE BLOOD IN ACUTE RHEUMATISM.—At the last meeting of the Cambridge Medical Society, held on Friday Nov. 5th, Professor Paget, President, in the chair, Professor Latham advanced a new theory as to the pathology of acute rheumatism. He maintained that the first step was a lowering of the action of the "inhibitory chemical centre," or nervous centre, which controls oxidation in the muscular tissue. Following upon this, the oxygen from the oxyhæmoglobin, instead of entering the muscular tissue to be exhaled therefrom in the form of carbonic acid gas, had its sojourn in the tissue shortened, and passed into the blood in the form of lactic acid (a substance which appears in muscle almost instantaneously with its death); that the oxygen acted also more energetically on the muscular tissue, and the resulting lactic acid being oxidised rapidly in the blood, instead of in the muscular tissue, an abnormal amount of heat or pyrexia was developed.

He then argued that quinia lowered temperature by simply impeding the carrying of ozone from the lungs to the tissues by the red blood-corpuscles, as in Binz's experiments with ozonised turpentine and guaiacum; and so the remedy *might* act beneficially in rheumatism, but would have no effect on the *materies morbi*. Salicylic acid, on the other hand, lowered the temperature and cured the disease by chemically combining with the substances from which the lactic acid is derived, and producing less heat than would result from the oxidation of that substance. He showed how the theory advanced explained the relapses which so often recur after apparent cure with salicylic acid, the necessity for large doses of the remedy, and the reason why it should be less curative in other pyrexial disorders, such as pneumonia, typhoid fever, etc. Referring to locomotor ataxy as an example, he suggested that possibly the local symptoms might be the result of the lactic acid acting upon the posterior columns of the spinal cord, producing functional change; and, in reply to a question, in the discussion afterwards, as to the connection between rheumatism and chorea, considered that this disorder was the result of the lactic acid inducing functional change in the nervous centre which co-ordinates muscular movement, that centre being weak, and therefore a point of minimum energy, and this condition being hereditary or acquired. He also applied his theory to explain why the same cause (cold) which in one person appears to produce acute rheumatism, in others produces pneumonia, tonsillitis, etc.

Since the meeting Dr. Latham has extended his theory to diabetes. If it be true, it ought, he says, to explain the phenomena of that disease with a normal or subnormal temperature, and he maintains that the lowered nerve action is sufficient to do this. Salicylic acid may then (whilst the patient perhaps is taking ordinary diet) cause the sugar to disappear from the urine and lessen the amount of that secretion without even altering the condition of the nervous system upon which the symptoms depend.—*London Lancet.*

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THE HARD RUBBER PESSARIES.—Of the various instruments given to the profession for the purpose, none have, in my hands, accomplished their object as comfortably and as well, and given as much general satisfaction as "Hard Rubber Uterine Supporter" manufactured by S. S. Staufer, of Philadelphia.

Every physician of any experience has had his ingenuity taxed, at times, to meet the requirements in a given case; he has, with the employment of ordinary tact, succeeded in elevating the uterus to its proper plane, but to support it there without injury or discomfort to the patient has always been the great desideratum.

Now, appliances depending upon the soft parts for auxiliary support fail in proportion to the degree of relaxation of the pelvic viscera, and as this relaxation is always present in a greater or less degree in prolapsus, it is irrational to expect to remedy a defect by augmenting its predisposing cause. The truth is that you have not only got to support the prolapsed organ, but its superincumbent parts as well, and the only point of direct support most available for the purpose is the pelvis itself.

The great objection raised against apparatuses for this purpose supported by belts fastened to the pelvis, is, that "every jar or shock received by the latter is communicated to the uterus direct, and therefore great danger exists that serious injury may result to that organ." This danger is, in my experience, completely obviated in Staufer's instrument, which consists of the usual belt around the waist with the elastic attachments of other instruments of its kind, but in addition to these there is a spiral wire spring within the stem supporting the cup, so nicely adjusted, in point of strength and resiliency to the elastic attachment tubes, that any shock received by the pelvis, is as effectually modified at the uterus as it would be were no apparatus worn at all. An examination of the instrument, or better, a trial of it will convince any one that it is the nearest approach of a mechanical contrivance to the normal functions of the uterine ligaments yet devised. To secure comfort and entire satisfaction, all that is required is to select the proper size of cup; let it be just large enough to allow the cervix to rest easily therein—and here let me say, that the cups can be had of any size, from 1¼ inches graded ⅛ inch, up to 2¼ inches across the top. These cups can be exchanged freely with the manufacturer, until a suitable one is procured, without extra cost to the purchaser. In fact, any of the hard rubber parts of this instrument are included in the exchange privilege, with only the nominal difference of cost in manufacture, a feature in itself, aside from its great utility, that commends the instrument to the general practitioner.—*I. N. Grubb, M. D., in Med. and Surg. Reporter.*

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LACTIC ACID IN VESICAL CATARRH.—Dr. Deecke, in *L'Union Méd. du Canada*, considers, after extensive experiment, that of the acids lactic acid gives the best results in this affection. He gives from fifteen to twenty grains, ter in die. After forty grains have been taken its presence can be detected in the urine. He asserts that it checks ammoniacal decomposition in the urine, that it dissolves the excess of saline constituents and destroys the microscopic fungi often developed in such urine.

Formulary.

SUB-ACUTE PLEURISY.

℞ Potas. acet.......................
Inf. digital....... ....āā ʒ ij–iv.
Sig. This amount each day; or
℞ Pulv. digital.....................
Pulv. scillæ mar..................
Hydrarg. chlo. mit.............āā gr. x.
M.
Et. ft. pil. No. X.
Sig. One pill thrice daily.

Dr. Alonzo Clark.

The indications for treatment are to subdue the inflammation and promote absorption of the effused fluid. Dr. Clark, to accomplish the first of these effects, uses blisters, three being usually sufficient, selecting three spots and applying only one blister at a time, the second and third not being placed in position until the spot of former application has healed. As a diuretic he uses potassium iodide grs. xxx a day; if this fail to diminish the fluid, he has resource to the above formulæ. If constitutional effects of mercury declare themselves he returns again to the potassii iodidi. Dr. Clark uses other means, as purgatives, vapor baths and mild counter-irritants when he thinks them indicated, but, having exhausted all medical means without effect (as is sometimes the case), he either resorts to the trocar or does nothing.

IN ASTHMATIC PAROXYSM.

℞ Tinct. lobeliæ .... ℥ j
Ammon. iodidi .... ʒ ij
Ammon. bromidi... .... ʒ iij.
Syr. tolutan...................... ℥ iij.
M.
Sig. A teaspoonful every one, two, three or four hours.

Dr. Roberts Bartholow.

Of this prescription Dr. Bartholow says: "it gives relief in a few minutes, and sometimes the relief is permanent."

NOCTURNAL INCONTINENCE OF CHILDREN.

℞ Strychniæ....................... gr. j
Pulv. cantharides................ gr. ij
Morph. sulph.......... .... gr. iss
Ferri pulv. .... ℈ j.
M.
Ft. pil. No. XL.
Sig. One three times a day to a child ten years old.

Prof. S. D. Gross, M. D.

This prescription will speedily relieve the irritability of the bladder, especially if conjoined with such means as a cold shower bath daily, the avoidance of irritant food and late suppers, the patient lying on the side or belly, and taking care to drink nothing for the few hours preceding sleep, and to empty the bladder on going to bed.

ACUTE BRONCHITIS.

℞ Vini ipecacuanhæ................ ʒ ij
Liq. potassii citratis.............. ℥ iv
Tinct. opii camphoratæ..........
Syrupi acaciæ.................āā ℥ j.
M.
Sig. A tablespoonful thrice daily in the first stage of ordinary acute bronchitis.

Dr. Da Costa.

This union of the sedative effects of opium with the excito-secretory action of the ipecacuanha on the congested mucous membrane has been found very serviceable.

LOCAL APPLICATION FOR CHILBLAINS.

℞ Acid carbol...................... ʒ j
Tinct. iodinii.................... ʒ ij
Acid tannici...................... ʒ ij
Cerat. simplicis.................. ℥ iv.
M.
Sig. Ointment.

Dr. Bartholow.

FACIAL ERYSIPELAS.

℞ Quiniæ sulph................... ʒ ss
Belladonnæ ext................. gr. iij.
M.
Ft. pil. No. X.
Sig. One every four to six hours.

Dr. Bartholow.

IMPOTENCE WITH SPERMATORRHŒA.

℞ Tinct. canthar................. gtt. vj
Tinct. ferri chlor............... gtt. xv–xx.
Sig. Thrice daily in water.

Dr. H. C. Wood.

This prescription has been found to cure the above condition so speedily as to commend itself to the use of all medical men in the treatment of these cases.

ANTHELMINTIC FOR ROUND WORM AND ASCARIS VERMICULARIS.

℞ Fl. ext. spigeliæ.................. ℥ j
Fl. ext. sennæ...................... ℥ ss.
M.
Sig. A teaspoonful to a child of three to five years; or
℞ Fluid ext. spigeliæ et Sennæ........ ℥ j
Santonini............................ gr. viij.
M.
Sig. Teaspoonful to a child of five.

Prof. J. L. Smith, M. D.

For the expulsion of the round worm no better formulæ than these have been devised. They are found an effectual means also of destroying the ascaris vermicularis.—*Medical Gazette.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Metric System.

Our readers will doubtless recall the brash manner in which the Metric Bureau, of Boston, presided over by one Dr. Wigglesworth, backed by one or two medical journals in this country, started out to force the American profession to admit that this Gallic monstrosity is the only true system of weights and measures, and their ill-concealed chagrin and ill-natured remarks, when they realized the fact that the profession in the " provinces" would not dance to their piping.

Failing to immediately revolutionize the system of weights and measures of this country, the "leaders of medical thought" suddenly stopped short in their efforts, and nothing had for a long time been heard either from the Metric Bureau or its backers, until the *Medical Record*, of the 8th inst., gave its readers one blast from its bugle on the subject. The *Record* informs us that the metric system is by no means dead, but that it "is irrevocably fixed upon scientific medicine," that it is fast gaining ground in this country, that it is no sign of its failure that it has not become popular "on the shores of a great lake," and that "the cackle of the burgh is not to be mistaken for the murmur of the town." Certainly no one will presume to dispute the correctness of our contemporary's assertion, and the more especially when it is couched in terms so hyperbolically elegant, and withal so unambiguous. Physicians whose lot misfortune has cast on the shores of great lakes, and whom fate has decreed shall drag out a miserable existence in burghs, have long ceased to have any voice as members of the great American medical profession ; they are merely tolerated, and are useful only in so far as they are able to subscribe for the great medical journals and support the great medical schools. It would be the height of presumption for them to suppose that their "cackle" should have any weight in determining the expression of the profession of this country. American medical thought, be it understood, emanates only from the great eastern towns, and the sentiment of the great American profession is manufactured there. Any sentiment which does not bear the imprint of the "murmurers" of the great ones of the East, (great because fortune has cast their lot in the East), is spurious, and the sooner this is understood the sooner we cacklers of the burghs and the great lakes will understand our normal position, understanding which we will not bark (or cackle either) when Sir Oracle opes his mouth.

The *Medical Record* is the leading medical journal of this country; editorially it overtops all others; the best thought of the country finds expression in its pages; its circulation exceeds the combined circulation of all the other journals; and the leaders of the profession can be induced to write for no other journal. We concede all this, and for the sake of argument, if our contemporary claims more, we will concede more. This being the case, its pages are the mirror of all that's best in American medical thought, and surely if the metric system be "irrevocably fixed upon scientific medicine" the fact should appear in the pages of the *Record*. Let us examine but one number of the journal,—the same number in which is the editorial which prompted these remarks. The first communication is on "Sero-Fibrinous Pleurisy," by A. L. Loomis, M. D., Professsor of Pathology and Practice of Medicine, in the University Medical College, New York. The article is continued in the subsequent number of the *Record*, but in neither number is the metric system of weights and measures made use of.

The second is on "Chloral Hydrate," by H. H. Kane, M. D., New York, (a murmurer of the great city), who quotes from upward of fifty medical journals from different parts of the world, and letters from prominent physicians of this country (the physicians being at least as prominent as could be expected in view of the fact that many of them "cackle in burghs "), and yet the only time the metric system appears in this article is in a quotation from Näcke, of Dresden, Saxony !

The third is an article on "Opium Narcosis in an Infant Six Weeks Old," by C. S. Chew, M. D., Professor of Materia Medica and Clinical Medicine in the University of Maryland, Baltimore, (we don't know how Baltimore is classed, town or burgh), but there is nothing but the old fashioned grains in it.

Next comes a report of the Pennsylvania Hospital, Philadelphia, (burgh or town ?), clinic of R. J. Levis, M. D., Surgeon to the Pennsylvania and Jefferson College Hospital, but from Alpha to Omega of this there is no sign of the metric. Dr. Levis calculates his distances and makes his measurement in old fashioned inches instead of centimetres.

The next article into which weights and measures enter is a report of the Clinical Society of Maryland, and there is no appearance of the metric in it.

The next is an article on "Lime Water in Diphtheria,"—a reply by Dr. C. E. Billington, of New York, to certain remarks on this treatment by Prof. A. Jacobi in his recent very valuable work on diphtheria, but there is nothing but grains in it.

But now comes a letter explaining to the readers of the *Record* how easy it is to convert our old style into the metric. The writer says "there is a ratio between the unit of a dose of liquid medicines (viz., a minim) and the ordinary dose prescribed (viz., a teaspoonful or sixty min.), which, if applied to the metric system, renders the estimation of doses exceedingly simple and easy, even to one who has long been accustomed to the other system." This is a remarkably clear proposition, and *so* convincing. Who could fail to embrace the metric after such an elucidation ? This must be a murmurer of the great city that writes ! Not so, simple minded bucolics, 'tis a cackler from the shore of a great lake, the very region where, the *Record* tells us, the metric has not become popular—C. H. Eames, M. D., a cackler of Michigan, and not only of Michigan, but of East Saginaw,—redolent of malaria and brine and sawdust !—of all cackling burghs in the world the last, one would think, whence the *Record* would look for aid and countenance from the system which is "irrevocably fixed upon scientific medicine."

The above completes the list of contributions in which weights or measures are made use of, in a single number of the *Record*, and among them all the only time the metric system is employed is in a quotation from a foreign author. The letter from East Saginaw is a mere re-iteration of the stock arguments in favor of substituting the awkward and unnatural system for the only natural system familiar to the American profession—natural because its denominations are those alone in which we can conceive of weight, quantity or distance. Surely the *Record* abundantly condemns itself out of its own mouth.

Either the *Medical Record* is not the exponent of the best and most advanced views of the profession, or the metric system is a miserable failure in this country. Which horn will Dr. Shrady choose ?

We do not believe it true that the metric system is making any progress in this country. The only journal which adopted it exclusively for its pages (the *Chicago Medical Journal and Examiner*) has abandoned it and gone back to the old system, and every physician who, to our knowledge, gave it a trial when the first decided effort was made to introduce it, has long since discarded it.

Referring again to the pages of the *Medical Record* we quote from a communication from Dr. C. S. Wheeler, of Williamsburg, Mass., in its issue of Nov. 27th, last, and the quotation is, we think, a very fair presentation of the manner in which the metric system is generally received :

"It is possible that some very conscientious practitioners may refrain from employing the system because of the druggist's inability to compound the prescription exactly as it is written, but my personal knowledge of the men who use the new system leads me to doubt it. For instance, a friend when he has occasion to prescribe for patients living in the country, writes in the metric system, with the remark to his assistant that he should like to see the country druggist stare in his attempt to decipher it. I am aware that the authoritative voice of the American Medical Association has spoken in favor of the new system, but it is possible that a further experience will occasion a change in its dictum.

The result of inquiry in different Eastern States is, that most druggists who have procured new apparatus have done so at the request of one or more of their patrons, and not because of any desire on their part to do away with the old system of weights and measures.

To many who have familiarized themselves with the metric method, and have undertaken its practical application, the claims for preference over the old system have seemed to be entirely fallacious.

While there can be no doubt that many physicians are using the new system with the honest intent of advancing science, it is equally true that others of the profession do so to appear scientific and superior to their brethren who prefer to deal with facts rather than hypothesis."

Pacific Medical and Surgical Journal: "Less than a year ago the Metric System set the world ablaze and threatened annihilation to every man who should decline adopting it. One of its advocates, writing in a leading Eastern journal, denounced the common method as "the systemless system of weights and measures of the forefathers, which, supported by selfish *vis inertia* and indolent conservatism, is now rapidly half tottering, half sneaking 'down the back entry of time.'" Just now the sneaking appears to be on the other side. If the metric men do not bestir themselves they are likely to vanish, together with their system down the back stairs of oblivion. Perhaps they would succeed better with less bullying. One hates to be goaded and kicked even to a good dinner."

Why be a Doctor?

The *Medical and Surgical Reporter*, of the 8th inst., propounds this question, and then proceeds to give some of the reasons which it thinks prompts young men to choose medicine as a vocation. These reasons may be briefly enumerated as follows: Medicine is a respectable calling, it requires no capital, it is an easy way of making money, it affords a field for the exercise of the humanitarian instincts, and it has enough of science in it to entice those of a scientific turn of mind.

Doubtless these reasons very completely embrace the motives which determine the choice of those who take to medicine as a calling and life work. The validity of some of them may, however, be questioned. As to the first, viz., the respectability of the calling, there is little doubt, especially in this country. A prominent English writer about a year ago created no little commotion among the profession of his country by his assertion that the social position of the physician of England is not as high as that of the other professions, law, divinity and war. However the case may stand in England it does not admit of question that the profession of medicine is no barrier to the entree into the highest social circles in this country, and if in individual cases the physician and his family do not even have an advantage over those who are more fortunate in those circumstances which usually determine social standing, the reason is to be looked for in causes extraneous to his profession.

"It requires no capital." Herein is a grave error. The time may have been when the young man armed with nothing but his sheepskin felt it no draw back to have no bank account, but that time is not within the memory of the present generation. To successfully establish a practice in medicine capital is scarcely less necessary than it is in mercantile persuits, and the fact is yearly becoming more apparent, especially, but by no means exclusively, in city practice. To him that hath shall be given, is a law of human nature, and more than is perhaps usually conceded, depends on the appearance of the new doctor. The greater part of the first ten years of the beginner's practice is wasted if he start out without some means. The amount need not necessarily be very large, but it should be sufficient to enable him to maintain such an appearance as the public usually associates with its conception of the professional man: We think an inquiry would show it to be the almost universal experience of those who, over ten years ago, commenced the practice of medicine without any capital, that they found themselves because of this fact seriously handicapped for the first decade of their professional experience. While it is possible to get a foothold without capital, it is probable that the young man who enters medicine with the sole object in view of making money out of its practice, could devote his energies more successfully in many other callings.

"It is an easy way of making money." This is also a great mistake. The time, energy, and actual labor devoted to the practice of medicine does not, as a rule, yeld better pecuniary returns than would the same time, energy and labor devoted to other callings. It is true there are prizes in the profession and occasionally an income of $10,000, $20,000 and even $50,000 per annum is realized with scarcely more than the usual amount of talent or expenditure of time, energy or labor. Few, it is believed, enter upon the practice of medicine without hoping to realize a handsome income, but large incomes are the exception to the rule, and the average practice does not yeld over $2,000, and some even put it as low as $1,500 a year. There is no profession or calling demanding the same amount of talent and the expenditure of the same energy, which does not yield equally large returns.

It is to be feared that the reasons determining a choice of the profession, in the great majority of instances, have been enumerated, and that the number who enter it from humanitarian or scientific reasons, is in the great minority. This is unfortunate, and the cause of it is, doubtless, largely due to the profession itself which has been too lax in its requirements for admission to its ranks. There is a lack of that *esprit de corps* in the ranks which would make each member jealous of the good name of the army. The young man receives his diploma, goes out to make his fortune and concentrates his thoughts on himself. In some way he has conceived the idea (imbibed it from his preceptor, perhaps) that his brother practitioner is his enemy, and gradually as he grows older in practice the bonds of professional obligation sit more highly on him, and he at length becomes entirely unconcerned, as to the general interests of the profession. In this regard medicine differs from all the other professions. In each of the others there existsts a strong bond between its members, and when there is a movement to advance the interests of the profession as such, there is usually a unanimity of action which ensures success. The efforts to raise the profession of medicine to such a plane as would command for it the respect of the better class of young men, and as would make it an inducement for the highly educated to enter its ranks, have been unsuccessful through the sheer apathy of physicians themselves. The young man sees the veriest charlatan occupying as high a position in the esteem of the public as the skilled physician, and our profession is very much lowered in his estimation, and he chooses a profession in which he sees there is some encouragement to good work, and in which there is likely to be some recognition of ability.

In order to win to medicine the talent which is too largely diverted to other channels the profession must secure such legal enactments as will enable it to purge itself of the vast amount of rubbish with which it is cumbered. The Illinois Medical Act, imperfect though it be in many particulars, has shown that about one in every five practitioners in that State, prior to the passage of the Act, was a nongraduate, and we doubt not that the same proportion obtains throughout the whole country. With the nongraduate physician or those who cannot by proper examination demonstrate their fitness to practice medicine, eliminated, the medical profession in this country would offer a tolerably remunerative field for the talent necessary to constitute the successful practitioner. With the proper relation between demand and supply once established the responsibility of maintaining this relation must rest on the medical schools, which by rigid preliminary requirements would select only the better class of young men, and by the establishment of a proper standard of graduation would ensure qualified practitioners. With the profession thus properly supported from within it would be more likely to attract suitable material from without.

As a practical application of much of the above we would ask our Michigan readers to give to the Medical Bill published in our last that endorsement, and to exert on their representatives that influence, which will aid it in becoming a law. The comments on this draft thus far received have generally been very favorable, and if each reader will exert his personal infinence on his representative at Lansing there is little doubt that this united influence combined with the inherent merits of the Bill will have the desired effect.

The Medical Bill.

We are agreeably surprised at the reception which has been accorded the bill, a draft of which was published in our last issue. In view of the unfortunate antagonism which has existed between the different schools of therapeutics in this State, in common with other States, it would have been but natural to suppose that a bill emanating from an opposing school would be regarded with suspicion by the others. Unfortunately, whether or not there is sufficient reason in the facts, the schools in the minority are wont to look upon all legislation endorsed by the majority as inimical to the interests of the rest. This being the case it is perhaps a little surprising, we say, that the bill which we have submitted has not met with more opposition than it has, even at this early day. The bill itself, it is true, is, we flatter ourselves, as free from objection on the score of discrimination in favor of, or against, any particular school, as it is possible for a bill to be ; yet, notwithstanding this fact, the history of the past was sufficient to lead one to look for opposition, captious if not honest. The reception it has thus far met argues, we believe, a wholesome state of feeling in the profession, an honest desire among all the schools to rid the State of the existing horde of traffickers in the public ignorance on matters medical, and to protect as fully as may be both the profession and the people against incompetency in the future, even though this incompetency be backed by a diploma. It is high time that the State interfere to protect the people against the abuses which are perpetrated under the protection of State charters in the matter of medical colleges. It is not competent to subject all holders of diplomas now practising in the State to a test examination of their qualifications to practice medicine, but to do so in the case of future graduates seeking to assume the responsibility of the health and lives of its citizens is perfectly feasible.

Several slight modifications have been made in the draft as it was presented in our last, these having been suggested both by communications and by conferences on the subject. At a joint meeting of committees appointed from the various medical societies of this city, the homœopathic society included, the various drafts of bills presented for the consideration of the profession were discussed, and the unanimous preference was given the draft published in our last issue, the only modifications being a slight change in the name of the corporate body, and in the matter of mileage to members of the Board.

The Homœopathic Society is incorporated under the name of the College of Physicians and Surgeons of Michigan, and although there is no legal objection to the incorporation of another body under the same name, the existence of two bodies known by the same title would lead to confusion. It has, therefore, been decided to amend the name as proposed by cutting off "surgeons," thus making the name to read the "College of Physicians of Michigan."

Our attention has been called to the fact that under the statutes of 1846, (repealed on the organization of the Medical department of the University,) county medical societies were allowed to examine would-be practitioners and to grant diplomas. There are still practicing a number of physicians under authority thus conferred, and, indeed, some of our ablest practioners have no other diploma than that thus conferred. Any bill which should ignore these diplomas, thus granted under State authority, would, of course, be unconstitutional, and the bill as submitted has been amended so as to avoid this objection.

We would take this opportunity of stating that our limited space prevents the possibility of our giving insertion to correspondence discussing minor features of the bill. The instrument is now before the legislature, and we would suggest that any physician who may have any material change to suggest, correspond with his representative at Lansing on the subject. In this way any desired improvement would, we think, be more likely to be effected. To open our columns at this date to discussion would not be profitable.

Subscribers will find blank bills in the present copy of their NEWS. It is, of course, not necessary to explain to those whose address on the wrapper bears the figures "'82" that they need pay no attention to this enclosure. We would, however, respectfully request all others to fill in the blanks with their names and the amount due as indicated by the wrapper, and remit as promptly as convenient. We purpose doing our part, editorially, as far as in us lies, towards making this journal a success, and we do not think it out of the way to ask subscribers to promptly do theirs. The publisher has rights which cannot be ignored.

Miscellany.

MICHIGAN STATE BOARD OF HEALTH.—At the regular meeting of this Board, held on Tuesday, January 11, 1881, at its office in Lansing, the following members were present : R. C. Kedzie, M. D., President, of Lansing ; Hon. Le Roy Parker, of Flint ; Rev. D. C. Jacokes, D. D., of Pontiac; John H. Kellogg, M. D., of Battle Creek, and Henry B. Baker, M. D., Secretary.

Ventilation.—Rev. Dr. Jacokes, committee on ventilation, reported some experiments which showed that through registers of equal size, one at the top and the other at the bottom of the room, the velocity of the upper current of air outward was greater than at the lower register. When the ventilation was from the bottom only, the temperature of the room was higher than when the ventilation was from both top and bottom registers. These experiments, he claimed, demonstrated that ventilation should be from the bottom in this climate in winter. Dr. Kedzie reported the following experiment which seems to show the same fact. He took a glass tube thirty inches long having a thermometer in the lower end. When the tube was closed, and the upper end heated to 750° F., the thermometer now rose but one degree in an hour; the lower end of the tube being opened and air being drawn from it through the tube, the same heat being applied at the upper end raised the thermometer below over 100° in one minute.

Dr. Kedzie stated that in conversetion with the newly elected Governor, he had seemed to appreciate the work done by this Board, and, in his message to the legislature had recommended an additional appropriation of $2,000 for the uses of the Board.

Laws designed to prevent accidents.—Mr. Parker, Committee on Legislation in the interest of Public Health, reported progress in the careful study of the laws relative to punishment for carelessness causing accidents, such as the falling of the "grand stand" at Adrian, and said in his opinion the laws are stringent enough now, but the sentiment of the people does not hold a man guilty of murder through an act of negligence. There was no law, however, requiring expert inspection of public buildings constructed or in course of construction. Mr. Parker also reported on a proposed system of

Inspection of Steamboats and other sailing vessels on our many inland lakes and streams, at summer resorts, etc. He had prepared a bill providing for such state inspection, and he was requested to take measures to have the bill presented to the Legislature.

The Work of the Office.—The Secretary's quarterly report of work, mentioned the preparation of diagrams and other labor in preparing and printing the report of the Board for 1880, and similar work on two volumes of vital statistics; the distribution of documents published by the Board, and of blanks for return reports; and preparations for the Sanitary Convention to be held, under the auspices of the Board. Five hundred and fifty-three communications have been written during the quarter.

Adulteration of Sugars.—The Secretary reported that he had collected samples of sugars and syrups from the leading dealers in the city, and had received from Prof. S. P. Sharples, of Boston, the result of his analyses, which showed that the sugars were mostly not adulterated, and but two out of ten of the syrups. It is due to the dealers to state that those found to be adulterated were so sold by them, namely, "corn sugar" syrups, "glucose" syrups, etc.

Diphtheria.—Dr. Kedzie mentioned a horrible superstition prevalent in Russia, under which a wafer is put into the mouth of a child suffering with the disease, and then into the mouth of a well child, with the idea that it is a protection against the disease. As it is a communicable disease, it would be difficult to devise a more certain mode of spreading it.

Poisonous Jelly.—A sample of apple jelly was sent to the Secretary with the statement that eating of the jelly had caused the sickness of a large family. Dr. Kedzie had analyzed it and found three grains of sulphate of zinc to each ounce of the jelly. It was probably in the form of malate of zinc, formed by the action of the acid of the fruit on the galvanized iron vessel in which it was boiled. If this was the fact, it illustrated the danger of using such vessels for such purposes.

Yellows in Peaches.—Dr. Kedzie reported an examination of peaches affected with the yellows. They were of fine appearance, rather red, especially about the pit. The meat was watery and decomposed rapidly. Chemical analysis showed excess of water and deficiency of sugar and jelly-forming material. He read letters from some who thought eating the peaches were not injurious to the health and from others who stated the facts of sickness in repeated instances, after the eating of such peaches.

"Hog Cholera."—Dr. Baker made a report as special committee to study the relations between the "hog cholera" and the public health. His report included a statement of his trip to the south-western part of the State, where the disease prevailed, and numerous letters from farmers, physicians, and veterinarians, among the latter Prof. Law, Prof. Klebs, Drs. Detmers and Salmon. A letter from Dr. Jerome, of Saginaw, stated that he saw hogs suffering with the disease, who were unable to go up the inclined plane at the slaughter houses in Chicago, were killed and made into lard, and stamped with a fancy brand. In this same connection Dr. Baker spoke of

LARD WHICH CAUSED SEVERE SICKNESS

in a family in Lansing. A sample of the lard had been microscopically examined by Dr. Detmers, of Chicago, who sent drawings of the organisms he found in it, stating that they were the same as he had found to be the contagious principle in "hog cholera," sometimes called "swine plague." He also read a letter from Dr. Marshall, of Lansing, which said he had examined a sample of the lard in which the "fried-cakes" (eating of which caused the sickness) were cooked, and had found the same organism to be present. Dr. Baker also read a part of a letter from Prof. Klebs, of Prague, Austria, relating to the same subject. Prof. Klebs has made a special study of such subjects, and claims to have found the organism which is the specific cause of typhoid fever. He does not think hog cholera to be the same as typhoid fever, but would like material with which he could carry on a comparative study.

A vote of thanks was extended to those citizens who had labored so hard to make the

SANITARY CONVENTION AT FLINT

a success. The Convention will be held on January 25th and 26th, 1881.

Dr. Baker stated that

CONTAGIOUS DISEASES PREVAILED MOST WHERE

it was noticeable that the local authorities paid little or no attention to the laws requiring the appointment of a health officer, and communication with this Board.

The Board adjourned to meet at Flint, January 25, 1881.

Medicine as a Science.—Dr. J. Burdon Sanderson, in a recent address, spoke as follows on the prospects of medicine as a scientific study:

"Although medicine," he said, "as an art has grown by the slow accumulation of experience, it has, since it arrived at maturity, given birth to a science the purpose of which is to investigate the origin and nature of disease. This science we call the science of medicine, or pathology. The problems which it offers possess interest enough to make them attractive to all truth-seekers—an interest which is increased rather than diminished by the fact that the amount of knowledge which as yet exists as to the way in which the human body is acted on by its surroundings so as to produce disease, is very scanty. We may confidently hope that before another twenty years have passed there will be a great increase of this knowledge, for, at the present moment, the systematic investigation of the nature and causes of disease is being carried on with unprecedented activity, and we have the satisfaction of seeing even the darkest corners of the subject one after another made accessible to the 'dry light' of science. The cause which has determined this tendency to progress is not far to seek. Pathology is being carried forward by virtue of its association with other branches of physical science. To our predecessors of a generation or two ago, the notion that the suffering human body is subject to the same laws as those which regulate non-living matter, and that all our ailments are themselves the products of agencies which come within the cognizance of the chemist and physicist, seemed inadmissible and almost revolting. Now we have learned that, in so far as we understand the processes of life, whether healthy or diseased at all, we get at this understanding by comparing them with better-known processes which present themselves to our observation in the world outside of us. It is on this principle that all researches as to the origin and nature of disease must, if they are to lead to permanent results, be founded."

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Having arranged clubbing terms with the *North American Review*, we are enabled to offer that foremost of American periodicals, together with the News at the low price of $5.00 per year. This is the regular subscription price of the *Review*, so that parties subscribing through this office will receive the News as a premium. The *Review* is the organ of the best minds of America, nearly every writer of note in this country being a contributor to it. It discusses the subjects that are most prominent in the public thought at the time, and presents both sides of all important questions. It combines to a considerable extent the thoroughness of the cyclopædia with the timeliness of the daily paper. It should be read by the professional man, the student, the merchant, the manufacturer, the farmer; in fact, by every one who wishes to form intelligent opinons on the events of the day.

"The *Michigan Medical News*, one of our exchanges, honors the *Pittsburgh Medical Journal* with a criticism, very severe and not altogether just. The *News* has not been so long established but that its editor might have remembered some of the difficulties encountered in issuing his initial number. We trust his critical eye will find more to approve and less to condemn in the present number than in the first."—*Pittsburg Medical Journal.*

The *News* used the probe in the kindliest spirit, and though sorry it gave pain, is pleased to note the improvement which has followed. Better point out to a beginner wherein he is weak than to encourage his weakness by means of honied words. The second number of the *Pittsburgh Medical Journal* is a credit to the gentlemen having it in charge.

We are pleased to see the advances which the January number of the *Annals of Anatomy and Surgery* indicates in that journal. It speaks well for profession that a journal of this nature is sufficiently supported to justify and enable it to inaugurate im-improvement with the opening of each volume. With the new volume, while there will be no less of such material as the specialist particularly wants, there will be more of such as the general profession is interested in. The *Annals* has a corps of live editors, and it merits all its success.

Dr. L. P. Yandell has retired from the editorship of the *Louisville Medical News*. He is succeeded by Dr. H. A. Cottell, who appears on the cover as managing editor. We are always sorry to part with friends. In the present instance, however, the sorrow is mitigated by the fact that Dr. R. O. Cowling has not also resigned from our namesake. As long as he remains the *News* will be expectantly awaited each week, as of yore. May the day be far distant when either the cares of life or its years will cause him to lay down the pen.

The present annual productions of quinine is as follows: America, 63.000 pounds; Germany, 56,250 pounds; Italy, 45,000 pounds; France, 40,000 pounds; England, 27,000 pounds; India, 12,500. The Milan factory sends large supplies to Russia, France and Austria. England is also a considerable customer, and one-half of the Dutch consumption comes from the same source.

A new method of determining the presence or absence of trichinæ in pork has been hit upon by a Holstein peasant. Not having the necessary instruments of precision at hand he sends, each time he kills a pig, a ham or a sausage to his pastor, and then waits fourteen days for developments. The pastor remaining healthy at the end of this time the pork is freely eaten by the peasant and his family. This plan is, we believe, something new, Solomon to the contrary notwithstanding.

The *Chicago Medical Review* says of J. Wickham Legg's work on Bile, Jaundice, and Bilious Diseases: "Notwithstanding its 700 pages, the work is one of those that can be read at a sitting." Three minutes is as short a time as a fast reader can read one of these pages in. 700x3 ÷60—35. A single sitting of thirty-five hours! The Chicago editor's gluteal region must have reached a remarkable degree of development.

The medical department of Queen Victoria's household comprises three physicians in ordinary, three physicians extraordinary, one sergeant, surgeon extraordinary, two sergeant surgeons, three surgeons extraordinary, one physician of the household, one surgeon apothecary, two chemists of the establishment in ordinary, one surgeon oculist, one surgeon dentist in ordinary and one other physician—twenty persons in all. And yet royalty sometimes dies!

A young M. D. (Harv.) astonished a carriage-maker and his workmen with the following note: "Sir, the posterior proximal wheel of my buggy emits an abnornal sound which leads me to diagnosticate some lesion. I therefore send you the vehicle for treatment."

A young Russian lady, a medical student in Paris, recently shot herself, through fear, it is believed, that she could not pass her examinations. There would be sad havoc in this country within the next two months were incompetency to have the same effect in our medical schools.

Book Notices.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF Pennsylvania at its Thirtieth Annual Session held at Altoona, May, 1880. Dr. Wm. B. Atkinson, Secretary, Philadelphia.

We have for several years received the Transactions of the Pennsylvania Medical Society and have come to regard them as the most valuable of the transactions published by the state societies on this country. The volume before us fully sustains the reputation of its predecessors. The excellence of these transactions lies not only in the worth of the papers which they contain but also in the systematized reports which they contain from the various county medical societies of the State. These reports are a feature which it would be well for other state societies to encourage.

The papers in the volume before us are, with individual exceptions, excellent, and we shall in this and future numbers give abstracts of several. It is regrettable that an exception to the general excellence of the papers is to be found in the president's address. It is not only rambling, but contains some singularly inappropriate sentiments, and some which can hardly be endorsed from a professional standpoint. The following are samples: "O Erin, Green Isle of the Ocean! I love and almost adore you, not alone because of your long list of great names and your brave sons, but because of her from whose loins I sprang." No one will object to the doctor's love and adoration nor to the particular incentive to it, but his expression of it is somewhat demagogical, and therefore out of place before a scientific body. But *chacun a son gout.* "I am disposed to treat the matter of vital chemistry, as far as it has reference to the action of medicines in producing changes in the animal economy, as a somewhat entertaining scientific disquisition, as useless as entertaining." "I do *not* feel it important to my patients that I should know *how*, chemically, mercury controls inflammation; but it is important that I should know that it is an anti-inflammatory agent." Probably had the doctor cared more to inquire into the *how* of things he would not have been guilty of such questionable therapeutical statements.

MEDICAL HERESIES HISTORICALLY CONSIDERED. A Series of critical essays on the origin and evolution of Sectarian Medicine. embracing a Special Sketch and Review of Homœopathy, past and present. By Gonzalvo C. Smythe, A. M., M. D., Professor of the Practice of Medicine, Central College of Physicians and Surgeons, Indianapolis. Philadelphia: Presley Blakiston. Detroit: Thorndike Nourse.

The first chapters of this book are devoted to a history of the rise of medicine from not only as far back as the records go, but from a time ante dating these to which the imagination of the author has carried him. This history is largely composed of a very readable condensation of more voluminous works on the same subject, and presents in concise form what generally requires considerable reading to acquire. The principal, and, indeed, the only modern heresy discussed is homœopathy, and after the usual manner of writers on the ridiculous features of the system, the author condemns it out of its own mouth, giving liberal quotations from standard homœopathic works and periodical literature.

It is a readable little book, but we had hoped, when looking at its title page, that it would enter into the discussion of other modern medical heresesies than homœopathy. Perhaps there is no worse heresy than this, but it is by no means the only one which is thriving (they nearly all thrive, these heresies do) in these latter days. Who will write a book telling us all about the homœpathico-eclectics and the vito-paths and the physio-medics, etc., and also about the heresies palmed off under the name of regular medicine? We would suggest that Dr. Smythe make a note of this suggestion for the next edition of his book.

TRANSACTIONS OF THE WISCONSIN STATE MEDICAL SOCIETY for 1880. Dr. J. F. Reeve, Secretary, Appleton, Wis.

The first thing that strikes one on examining this volume is its superb mechanical execution. No State Medical Society in this country has ever presented a more elegant sample of typework and paper in its transactions. We would commend the volume particularly to the attention of the Michigan State Medical Society. When it is stated that the membership of the Wisconsin State Society is only about 200, its enterprise is the more commendable.

Nor is the value of this volume alone in its mechanical worth. The address of the President, Dr. John G. Meachem, of Racine, is an eloquent tribute to the self sacrificing physician. Dr. N. Senn, of

Milwaukee, contributes an excellent and exhaustive paper on "Fracture of the Rim of the Acetabalum." Papers by Dr. G. F. Hunt, of West Bend, on "Uterine Hæmorrhage;" on "Infantile Paralysis," by Dr. James Dorland, of Milwaukee; and on "Version or Forceps in Narrow Pelves," are also deserving of special mention.

Hernia: Strangulated and Reducible. With cure by subcutaneous injections, together with suggested and improved methods for Kelotomy. Also an appendix giving a short account of various new surgical instruments. By Joseph H. Warren, M. D., Illustrated.
Boston: Charles N. Thomas, 215 Tremont street.

While this book contains a general consideration of the whole subject of hernia, its anatomy and the various operations for its relief,—its distinctive feature is the consideration of the operation for radical cure of reducible hernia by subcutaneous injection. This operation is based on advanced ideas regarding the susceptibility of the peritoneum to wounds. The liability to peritonitis after wounds of the peritoneum is not so great as was formerly supposed. Although the injection of an irritating fluid for the permanent cure of hernia is usually referred to as the Heatonian method, Dr. Warren shows that it was Prof. Joseph Pancoast, of Philadelphia, who first performed it.

To those desiring a full consideration of this important procedure in the treatment of hernia we commend this book. Dr. Warren has identified himself very closely with the operation, and has, by his successful performances of it, both in this country and in Europe, won for himself the right to speak authoritatively regarding it.

Diagnosis and Treatment of Ear Diseases.—By Albert Buck, M. D., Aural Surgeon to the New York Eye and Ear Infirmary; Instructor in Otology in the College of Physicians and Surgeons of the City of New York.
New York: Wm. Wood & Co.

This volume of over 400 pages is the 11th in Wood's Library of Standard Medical Authors, for 1880. The wisdom of devoting a volume to the treatment of diseases of the ear must be apparent when it is considered how largely the ear is a *terra incognitia* to the general practitioner. Outside of such treatment as it receives from the specialist the ear is probably subjected to more abuse, through blind empiricism, than any other organ. The want of some work which shall be a real aid to the general practitioner has, therefore, been felt. It is very fully supplied in the book before us. Dr. Buck is an accomplished writer and close observer, and has had abundant opportunity for observation. The book he has given us is based on what he has himself seen, and on the results of his own treatment. It is a very fitting number of the valuable series for 1880.

Report of the Board of Trustees of the Eastern Michigan Asylum, Pontiac, for the biennial period ending September, 30, 1880.

This report presents an agreeable change from the bald statement of diseases treated and the mere columns of figures, of which the periodical reports of similar institutions are usually almost wholly made up, in that it gives results from the Medical Superintendent's experience in the treatment of the unfortunates under his charge. Dr. Hurd has done well in this matter, and has made his contribution to the report a very valuable portion to the document. We shall take the liberty in our next of giving such portion of the doctor's report as bears on the use of several remedies—hyoscyamine, cocculus Indicus, citrate of caffein, codeia and bullock's blood.

Differential Diagnosis. A Manual of the Comparative Semiology of the More Important Diseases. By F. DeHavilland Hall, M. D., Assistant Physician to the Western Hospital, London. Second American Edition, with extensive additions. Edited by Frank Woodbury, M. D., Physician to the German Hospital, Philadelphia. Price, $2.00.
Philadelphia: D. G. Brinton, 115 South Seventh St.

We had occasion on the appearance of the first American edition of this book to speak approvingly of it. The edition now before us, merits not only what was said in praise of the first edition, but the work done on it by Dr. Woodbury makes it necessary for us to be much more pronounced in our commendation of it. As a work on differential diagnosis, especially adapted to the requirements of the practitioner, this book, as it now appears, leaves scarcely anything to be desired. The plan of tabulating the symptoms of diseases resembling each other in particulars will prove of great service to the physician, in obscure cases. The conscientious practitioner has frequent necessary for a work of this nature.

How a Person Threatened or Afflicted with Bright's Disease ought to Live. By Joseph F. Edwards, M. D.
Philadelphia: Presley Blakiston. Detroit: Thorndike Nourse.

This brochure is intended for popular reading. Nearly the whole of the first half of it is devoted to informing the reader as to the function of the kidneys, and the nature of Bright's disease. It is a difficult matter to make a scientific subject comprehensible to a mind in which the rudiments have not been fixed; we, therefore deal gently with this portion of the book. The rules of living to be followed by the victim of Bright's disease are, in the main, sensible.

Transactions of the Minnesota State Medical Society for 1880. C. H. Boardman, M. D., Secretary, St. Paul, Minn.

This is a very creditable volume of upwards of 200 pages, and, though containing nothing showing original research, yet has a number of very readable practical papers. The "Report on Surgery," Dr. E. J. Abbott, Chairman, shows Listerism to be practically unknown in Minnesota, not a single operation as far as the committee were able to ascertain, ever having been performed under its use. It is no excuse for this failure to have subjected it to a trial, for the committee to endeavor to show that Listerism is not the great advance in surgery which was first claimed for it. The profession of Minnesota can lay no claim to having contributed aught towards fixing its proper position.

COMPENDIUM OF MICROSCOPICAL TECHNOLOGY. A Guide to Physicians and Students in the use of the Microscope and in the preparation of Histological and Pathological specimens. By Carl Seiler, M. D., late Director of the Microscopical and Biological Section of the Academy of Natural Sciences, Philadelphia; Pathologist and Microscopist to the Presbyterian Hospital, etc.
Philadelphia: D. G. Brinton.

This little book is precisely what its title proclaims it. It is intended for the neophyte, and is written by one whose experience with beginners has taught him to appreciate their wants. It is particularly commended to amateur microscopists, the number of whom is very steadily increasing in this country.

The following pamphlets have been received:

SECOND ANNUAL REPORT OF THE SECRETARY OF STATE OF THE State of Michigan, relating to Farms and Farm products. 1879-80.

LIGHT IN THE PUBLIC SCHOOLS AND SCHOOL LIFE IN RELATION TO VISION. By C. J. Lundy, M. D., Professor of Diseases of the Eye, Ear and Throat in Michigan College of Medicine, and Surgeon in charge of the Michigan Free Eye and Ear Infirmary. Reprint from the report of the Michigan State Board of Health.

ELECTRICITY IN MEDICINE AND SURGERY, with cases to illustrate. By John J. Caldwell, M. D., Baltimore, Maryland. Price, 25 cents.

TWENTY-FOURTH ANNUAL REPORT OF THE BOARD OF CONTROL of the Michigan State Reform School.

INAUGURAL ADDRESS of David H. Jerome, Governor of the State of Michigan.

PROCEEDINGS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, held at New Orleans, La., December 7th, 8th, 9th and 10th, 1880. Reprint from the New Orleans Democrat.

REPORT OF THE BOARD OF HEALTH OF THE STATE OF LOUISIANA for the year 1880. Joseph Jones, M. D., President, New Orleans, La.

SCARLATINA. A lecture delivered in the Jefferson Medical College. By William B. Atkinson, A. M., M. D., Lecturer on Diseases of Children. Reprint from Medical and Surgical Reporter.

REGULATION OF MEDICAL PRACTICE. By Henry B. Baker, M. D., Lansing, Mich. Reprint from the Physician and Surgeon.

THE SURGICAL TREATMENT OF CANCER OF THE RECTUM. By Charles B. Kelsey, M. D., Surgeon to the Infirmary for Diseases of the Rectum, New York, etc. Reprint from the American Journal of the Medical Sciences, October, 1880.

EXCISION OF CANCER OF THE RECTUM. An Analysis of 140 cases. By Charles B. Kelsey, M. D. Reprint from the New York Medical Journal, December, 1880.

PHTHISIS PULMONALIS AND ITS TREATMENT WITH HYPOPHOSPHITES. By L. De Brémon, M. D., University of Paris, France. Published by John Newton, 33 Beekman Street, N. Y.

CASES OF EPILEPTIFORM CONVULSIONS SUCCESSFULLY TREATED by Hypodermic Injections of Sulphate of Atropia. By Thomas Legare, M. D., Charleston, S. C.

Original Articles.

I. Pericarditis; II. Incontinence of Urine.

A CLINICAL LECTURE BY WM. PEPPER, M. D., PROFESSOR OF PHILADELPHIA.

T. B., a sailor, was admitted to the wards on February 8th, suffering from some cardiac disease. When first seen he had high fever, and his pulse and respiration were both unusually rapid; his intellect at that time was perfectly clear. He complained of occasional pain far down in the lower part of right side. Careful examination showed slight impairment of resonance over this region. The respiratory murmur was feeble, and a few crackling rales were heard, but there was no pleuritic friction sound, no bronchial breathing, and no dullness upon percussion. The morning after he was admitted his temperature was 105°. It was very hard to locate the beat of the heart, which was high up, far out, and unusually weak. The area of the cardiac dullness had increased out to the line of the nipple, and up to the second interspace. There was no friction sound. The area of cardiac dullness took the form of a triangle, with its diameter below. The man did not complain of any pain in the region of the heart. The high temperature made me suspect some deep seated inflammatory trouble. With a morning temperature of 105°, he had a pulse of 110; whereas, in the evening when his temperature was about 103°, his pulse was 78. This was a most remarkable state of things. I ordered the man veratrum viride in doses of three drops every three hours. I left word with the resident that this drug should be stopped the moment that nausea, cold sweating, or vomiting appeared. In addition to the above the patient was given ten grains of salicylic acid every two hours. He was fed well, kept quiet in bed, and blisters were applied over the seat of pain.

On the 10th the temperature ran suddenly up to 105 4-5° in the morning, and a pneumonia of the whole of the right upper lobe came on. Usually lobar pneumonia effects the lower lobes. It never attacks the upper lobe, except when attended with serious complications, such as phthisis, bilious or typhoid fever, or some grave organic disease. If it affects the whole lung it may spread from lower to upper lobes, but this is rare, even in children. With this unexpected change in affairs I became alarmed. The patient sank into a state of typhoid prostration, and became fiercely delirious and very sleepless. It was impossible to secure quiet sleep. Dry crusts formed rapidly on the tongue; the pulse ran up to 102; the respiration increased, and the heart's action grew exceedingly feeble. Digitalis was substituted for veratrum viride as a cardiac tonic, and instead of the salicylic acid very large doses of quinia. Muriate of ammonia was administered as an expectorant. The amount of alcohol was increased. On the 10th the temperature was 102 4-5°. On the 12th it ranged from 103° to 104°. The man died on the evening of the 13th, his temperature running up to 108 4-5°, and his pulse to 160 per minute. As soon as I heard of this unhappy result I began to reproach myself for two things: 1. That I had given the veratrum viride so long; and (2) that I had not sooner placed the man upon larger doses of quinia. The veratrum viride seemed to be serving an excellent purpose, and yet, as I say, I am sorry I gave it so long. Thinking the case to be one of rheumatic fever, with pericarditis, I gave salicylic acid. It would have been far better to have given quinia a day sooner. I intend to examine before you the heart and lungs. The right lung was, as you see, in a very serious condition. There was a concealed diaphragmatic effusion—lymph in the cavity between the lung and the diaphragm. Adhesion between the edge of the lung and the diaphragm prevented this effusion from showing itself. A plastic pleurisy had formed with great rapidity over the lower lobe, causing intense congestion and strong compression. The plastic pleurisy with adhesions existed evidently before the man came to the hospital, at least I should judge so from the signs presented upon his entrance. See what a perfect example this specimen affords you of the organization of false membrane. This same plastic pleurisy extends up the inside of the lung, and fastens the inside of the upper lobe of the right lung to the pericardium. The upper lobe is enormously heavy and distended. Upon incision you see that it is as solid as flesh. It is just passing into the stage of grey hepatization. It sinks in the water like a stone, and a purulent, blood-stained liquid oozes out of it. You see what a granular appearance the surface presents. The pneumonia has evidently followed the pleurisy as a secondary symptom. The left lung is extremely congested, but will float. It presents no appearance of tubercles or of organic disease. The pericardium is, as you can see, intensely congested. Upon close examination I find it studded with small points of lymph. These little beads of lymph show evidences of recent pericarditis. About half a pint of serum has been effused into the pericardial sac. The right cavity of the heart contains an enormous quantity of fibrinous chicken fat clots which have become intertwined so closely with the trabeculæ that I cannot separate them from each other. These bands of fibrin extend into the pulmonary vein, and are moulded upon the leaflets of the valves, whitened and hard. These clots are clearly of ante-mortem formation. The right heart is greatly over distended with these chicken fat clots. They fill up the right auricle entirely, and extend into the veins. As I remove these clots en masse, I get a complete cast of the auricle. These clots are tough and white and cut like leather. They largely occlude the pulmonary vein and vena cava. You are, I suppose, beginning to see why the man died. The left side of the heart is large and firmly contracted. This left heart presents very much to me the appearance of concentric hypertrophy. This appearance may, however, be due to the spasmodic contractions of the muscle upon an almost entirely empty ventricle. In this side of the heart there is also a certain amount of tough, fibrinous clot. The aortic valve seems healthy, as does also the mitral valve, though it is also more or less obstructed by small ante-mortem clots. The left ventricle is too large for normal, and its muscle is too hard. There must have been some hypertrophy.

Now it is very plain that this was not a case of simple cardiac hypertrophy, but that there was some underlying constitutional condition which gave rise to the various heart phenomena. The kidneys are a good deal congested, but normal in size. The pyramids are healthy, and the capsules normal. The cortex is, however, coarse-grained and pale. There has plainly been a certain amount of chronic catarrhal nephritis. I think the microscope will show the tubules filled with a quantity of desquamated epithelium. (Microscopical examination showed the tubules filled with epithelial cells.) You see that we have here before us the elements of a very complicated case. I say that the original organic affection was catarrhal nephritis. (1) From the evident hypertrophy and valvular disease, and (2) by reason of the diseased condition of the kidneys, as revealed by the microscope. In addition to the heart affection the man was suffering from concealed diaphragmatic effusion, plastic pleurisy and pneumonia of the upper lobe. From a survey of these grave complications it is at once plain that even had the heart clot not carried him off, the hope of cure was desperately slim.

The first fall in the patient's temperature may have been due to salicylic acid. This accident, namely, the formation of ante-mortem clots, should always be borne in mind. It usually occurs where there is hyperinosis joined witn such great congestion and obstruction of the lungs that the right cavities of the heart cannot empty themselves freely. Heart clots may, therefore, form frequently in severe attacks of pneumonia. Heart clot has been the chief factor in this case. The only means in our power of combating such a condition as the above, viz., the formation of heart clot, is absolute rest in bed, and the reduction or limitation of inflammatory action by means of antiphlogistics. We certainly cannot directly remove the obstruction to the circulation or prevent the rapid formation of fibrin.

INCONTINENCE OF URINE.

This little girl is about 6 years of age. She is one of six children. Of these children three have died, and one has been affected in the same way as this girl. The mother died of consumption. This child has suffered from incontinence of urine ever since she was a baby. She wets her clothing at all times. You see how pale and delicate looking she is. By incontinence of urine, we mean inability to retain the urine, which is discharged at all times unconsciously. This dribbling usually takes place at night—the bladder contracts and the contents are discharged. The discharge is not perhaps so much an unconscious as an involuntary act. Some cases of incontinence seem to be due to weakness of the sphincter—in still other instances it is the result of spasmodic contractions of the vesical muscles. It is sometimes difficult to distinguish between these two forms. Incontinence in children is generally dependent upon spasm caused by some local irritation. The causes of local irritation are numerous. In treating a case the first thing to be done is to determine upon the cause. In certain cases the urine is exceedingly acid, containing a large number of crystals of uric acid. This over-acidity leads, of course, to irritation. In other instances seat worms may be the cause of the disease ; in still others it may be due to some irritation of the mucous membrane of the rectum. In many instances the cause lies in some defect of the nervous system ; a sort of chorea of the urinary bladder comes on. I think there is some such nervous defect at the bottom of the vast majority of cases. The treatment of incontinence varies according to the cases. If the disease is only dependent upon actual loss of power, the proper remedies are, of course, the bitter tonics, iron, etc. Minute doses of cantharides, strychnia and nux vomica do good as stimuli. Never subject the child to harsh threats or brutal treatment. No child would do such a thing from mere naughtiness. The little patient should be spoken to kindly. Then proceed to treat the case in the following manner:

1. Remove the cause. If it be over-acidity, by alkalies, etc.; if there be seat worms, give an anthelmintic; if the digestion is at fault, rectify it by means of tonics, etc.

2. Where the root of all the trouble lies in the spasmodic contraction of the muscles of the bladder, employ the belladonna freely, push it up to its full constitutional effects. Five drops of the tincture of belladonna, or from one-twentieth to one-tenth of a grain of the extract may be administered three times a day. The nervous tonicity should be brought up by means of the cold douche, tonics and frictions and the bromides given in doses of twenty-five grains to quiet the local irritation. In the great majority of cases, if properly treated, the disease will, in time, entirely disappear.

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A Case of Ammonia Poisoning—Recovery.

BY W. R. PAGE, M. D., SANDUSKY, OHIO.

One summers day, several months gone by, it fell to my lot to be summoned to one of the most remarkable, if not the worst case of ammonia poisoning that ever happened in this section of the country. There have been several cases related both here and in Chicago in the ordinary conversation among the laity and the physician, that proved fatal in their results from the accidental taking of one teaspoonful of ammonia. One at Berlin in this county ended fatally in hemorrhage from the mouth and nose. But the case in question is so remarkable in its conclusions, and the outcome so satisfactory, it may be of interest to report it for publication.

P. B., æt. 35, foreman, stepped into a drug store and ordered a dose of Epsom salts to be taken at once. The clerk, whose tact and ability the community had reason to suspect, had been overhauling and disarranging the bottles on the shelves, and as I understand the aq. ammonia bottle was not in its accustomed place, and of course through mistake and force of habit, the ammonia bottle was taken up for the bottle of pure drinking water, and an ordinary dose of salts was mixed in a graduate with one ounce of the ammonia liquid. Strange as it may seem the entire contents of the graduate were swallowed hurriedly at one gulp, and, as is reasonable to suppose, such a state of strangulation and suffocation was induced, that it was next to impossible for the patient to check its downward course. The patient at once rushed out of the drug store door with the thought and full purpose of running to the Bay (which is but a few yards distant) and jumping in to quench the dreadful burning of the devouring element within. He fortunately halted and changed his course towards a neighboring drug shop where under the startling appearance of the man rushing in upon him, the proprietor gave the sufferer a quantity of water to drink and administered an ounce or so of olive oil. At the hour of one P. M., I was returning from the hotel and was met with a summons to hasten where I found the patient sitting quivering from head to foot in awful throes of agony, gasping as if for his last breath. Finding out all that could be gained bearing upon the cause, in a brief space of time, I hastened to interview the clerk who committed the mistake. The clerk was not long discovering his error and was able promptly to import the information. I rushed back to my afflicted man, and gave him the most accessible antidote, dilute acetic acid. While waiting for developments I removed him to my office and nursed the few remaining sparks of life until 4 P. M., when he was conveyed to a house of a relative.

How this wonderful case progressed may be of interest. To say the least his recovery was a surprise to me, and no less was it to the sufferer himself. The tongue and mucous membrane entire, as far as could be detected, was raw and peeled from its course downward, and the stomach acted and reacted like unto a boiling cauldron; whether the oil aggravated the condition of things it is not easy to judge, for each and every symptom was so very precarious. The after-treatment was simple and continuous. Ice was almost constantly applied to his throat and small bits placed upon his tongue. Temperature ranged high from 100° to 104° for nearly two weeks. Mucilaginous drinks and occasionally a glass of lemonade, and gentle stimulation to keep up the action of the heart, now laboring under poisonous influence, were given ad libitum. Eliminatives, that is, cathartics and diuretics were given at the earliest practicable moment, and unirritating nourishment invited from time to time. The blood was thoroughly saturated with the poison, now reacting upon the general system. Within 24 hours the tongue was swollen to that extent that it was out of the question for the patient to articulate. For several days the tongue protruded from the mouth.

I will not enter into details as to the treatment more than above referred to. Generally speaking it is best not to attempt to provoke too great activity in cases of poisoning after this kind. Watch and assist nature, soothe and palliate and aid the healing process. After the organs of digestion begin to assume and regain their natural functions, the kidneys and bowels eliminating with gentle forcing, the poison now intermingled with he blood, it is safe to begin with moderate tonic treatment as if your case was one of general poisoning with neuralgic and rheumatic complications. The after effect of the ammonia poisoning, in the case referred to, strange to say, located itself in the lower extremities. The complications began to yield in the course of three weeks, when he was encouraged to dress himself and begin again to walk; it was readily apparent that the muscles had lost their powers of contraction and the limbs were lost to motion. In a few days, however, action was restored, and with the aid of crutches my patient moved about the room. First one limb was strengthened by use and rubbing, and the other one followed soon after. But a month or more passed from the time he began to step before the crutch and cane were entirely dispensed with. To the surprise of those most interested, as well as to the one having the case in charge, the man was fully restored to his natural health, and little the worse for the wear. At the same time millions would not induce him to repeat the dose. When I last saw P. B., an insurance agent stood ready and anxious to multiply hope against further danger. The action for damages about to be brought against the druggist I successfully abrogated, and prevented further publicity. A sufficient sum was paid over, (in a small degree) to compensate for the loss of time and accumulated expense. Nothing in my judgment could compensate one for bravely undergoing the tortures of hell itself.

Note on Rhamnus Purshiana.

BY W. C. BRINTON, M. D., COCHRANTON, PA.

I have for some time been observing the medicinal action of this remedy, and have thoroughly tested its virtues.

I notice an article in the December number of the Cincinnati *Eclectic Medical Journal*, written by T. S. Motter, M. D., in which he does not seem to think much of it as a remedy. He puts the question, "Is the remedy we have under consideration superior to some of our old remedies, such as taraxacum, senna, rheum, leptandra Virginica, etc.?" and then he answers it himself, in the negative, saying that it will not cure habitual constipation.

I have never seen any remedy that will so relieve any condition that the same cause that produced it in the first place will not produce it again. I can say for rhamnus purshiana, however, that I have never found a remedy with which I can do so much as with it. I have given it in a number of those old cases that had been taking pills all their lives long, and could not have an operation without them. The drug will, after it has been taken a few days, work very satisfactorily, and in a number of cases it is only necessary to take it once a week, and in some of them it can be discontinued for weeks and then be resumed if needed.

The writer referred to speaks highly of rheum in constipation. His experience differs from any I ever heard of if this drug does not leave the bowels worse off than before. Its physiological tendency is to constipate after the cathartic effect has passed off.

Another thing in favor of rhamnus purshiana is that it does not nauseate. Who is there who is not familiar with that fearful feeling of sickness after taking podophyllin, senna, etc.? I claim for the new drug that it is an admirable remedy, even though it does not permanently cure the old cases. It will almost certainly cure short standing ones which will remain cured if the causes which originally produced the trouble are avoided.

My manner of giving it is as follows:

℞ Rhamni Purshianæ .... ʒj
Syrupi rhei et potassæ.... .... ℥iij

M. Sig. One teaspoonful three or four times a day until it operates, then less frequently as may be required.

I deem it a duty to add my testimony to the value of the new remedy, and predict that if the profession will overcome their prejudice sufficiently to permit their giving it a trial, they will endorse my high opinion of it.

To Prevent Laceration of the Perinæum.

BY J. S. NILES, M. D., POWNAL, VT.

In the NEWS, Dec. 25th, Vol. III, No. 24, I saw an article in regard to the prevention of the laceration of the perinæum. It is an article that I have looked and longed for, for the method of supporting the perinæum employed by the gentleman is not new with me. I have been in the habit of dilating or relaxing the muscles of the perinæum, and of pressing the perinæum back so as to facilitate the expulsion of the head for about five and one-half years, for at that time I had to treat a lacerated perinæum, and then and there resolved that I would not have another if I could prevent it. My method is to take my place at the side of my patient at the second stage of labor, and at every pain press back the perinæum with two fingers first, then three, then four, until I can pass my hand into the vulva as far as the third joint of the fingers (or knuckles) gradually tiring out the muscles until I can shut up my fingers thumb and all, or in other words double up my fist, and when I can do that I am in no fear of getting caught with a rigid perinæum. If the os uteri is rigid I slip my fore-finger under the anterior lip and press outward during a pain, and at intervals if the pains are not very expulsive; if they are I remove my fingers and try again. As the head comes down I keep from one to three fingers back on the perinæum pressing it back, and by letting the head glide over my fingers. If too much strain comes on the perinæum I then can have, with the other hand to press forward, a double purchase and relieve the perinæum.

I am glad this subject is opened, for if there is no good authority for all this work, and I never have read or heard of any, let us see how many are in the habit of supporting the perinæum, and their ideas in regard to the practice. I believe it to be a good thing, so do my patients, and if they are satisfied I ought to be.

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Selections.

TREATMENT OF SPRAINS.—The frequency with which sprains occur in general practice, and the somewhat unsatisfactory results of the treatment ordinarily adopted, induce me to bring forward a method that I have used in a great many cases with considerable success. Sprains may be broadly divided into two kinds, mild and severe; the former consisting merely of a temporary overdistension of the parts around a joint, which rest and anodyne applications usually soon cure; the latter involving, as I believe, much more serious pathological results, which the following plan is specially contrived to obviate.

The effects of a severe sprain are, that the fibrous ligaments controlling the movements of the joint and binding the tendons in their grooves become overstretched, swollen and softened; the cellular tissue about the ligaments and in the tendon-grooves becomes œdematous; and plastic material is exuded; while as a consequence of these changes, the tendons are displaced in their beds. If this condition be not actively treated, it may and often does, lead to continued lameness, due, in all probability, partly to a diminution in the caliber of the tendon-groove, with impaired muscular action, and partly to the torn ligaments and bruised cellular tissue having undergone changes which render them incapable of adapting themselves to the movements of the joint, which are consequently impeded. I believe this result may be prevented by the application of firm direct equal pressure, applied manually at first, and kept up and controlled by pads placed in the line of the tendons, and kept in position by properly shaped plasters and bandages, and sometimes by splints. This pressure helps to disperse the œdema, to replace the tendon in its normal position, to hasten the absorption of any plastic exudation and thus to prevent diminution in the caliber of the tendon-groove. I cannot say this is a novel method of treatment; but I think it is one not usually practiced, partly because it entails the expenditure of much time and trouble, and partly, I feel sure, because there is and has been a tendency to under-estimate the inconvenience and distress arising from a badly sprained joint.

The common practice, in treating a sprain, is to put on a bandage, telling the patient to take it off if the joint becomes painful, and to substitute warm water fomentations. When the swelling has subsided, if the injury be not so slight as to be already cured, a liniment or the application of iodine is generally ordered. Very frequently the tight bandage causes inflammation, while the rubbing and painting are practically useless. There are numbers of cases of slight sprain, indeed, which will get well with comparatively little treatment or none at all; but in that more severe form where, after an inflammatory or at least exceedingly hyperæmic stage, swelling takes place, with the results I have described, the appliction of these remedies does not prevent the joint from being left rigid, painful and unfit for use for a very long period. Now it is, as I have said, in preventing all this, that the plan of treatment by direct, equal and continuous pressure will be found exceedingly valuable; for, where it has been properly carried out, I have always found that the joint returns quickly to its normal condition—pain being speedily relieved, and rigidly prevented. The treatment may be divided into two stages; the first lasting from a day to a week or longer, during which the treatment has to be directed to averting inflammation by rest, warm applications anodyne lotions, etc.; the second commencing when the joint has become cold, swollen and painful on movement—in fact, when the injury has assumed a more or less chronic character. It is during this second period that I believe the active treatment I advocate ought to be employed. It is important not to commence this until the surface-heat is normal; for undoubtedly, when any tendency to inflammation exists in the tendon-sheath, pressure aggravates it, and I have known it to lead to untoward results.

It is of course impossible, within the limits of this paper, to describe the special adaptation of this method to each joint; but I will take as an illustration the ankle. If a wire be passed round the joint so as to impinge on the two malleoli and the tendo Achillis, it will define three or four well-marked hollows: one on each side of the tendo Achillis behind each malleolus, one in front of the fibula, with a fourth shallower one in front of the tibia. When the ankle is severely sprained these fossæ become obliterated, and are filled up with effusion, overstretched ligaments and displaced tendons.

Observation has led me to believe that there are very few sprained ankles in which muscular displacement to some degree does not take place. It most commonly occurs in front of the outer malleolus involving the outer part of the annular ligament, the extensor longus digitorum, and the anterior fasciculus of the external lateral ligament; next perhaps the posterior peroneo-tarsal ligament and structure behind the external malleolus. Cases of similar overstretching and displacement on the inner side of the ankle are happily rare; but in gravity they bear much the same relation to the former as a Pott's dislocation does to a simple fractured fibula. I will assume an ankle-joint has sustained a severe sprain all round, and has arrived at the chronic stage; modifications of the treatment of such a case will meet all that are likely to occur. To carry out the first principles of treatment by direct, equal and continuous pressure, it is clear the fossæ mentioned above must be filled, or rather their sites covered by pads so as to cause the retaining plasters, bandages and splints to excercise equal pressure everywhere. By making pressure with the thumb from below upwards in the line of the fossæ, a good deal of the œdema may be squeezed away and the displaced tendons in some degree restored. I make, as a rule, five pads (of tow and lint or leather): two about four inches long by one inch wide (one a little shorter than the other, so as to be better adapted to the curve extending upward from the dorsum of the foot to the crest of the tibia); another shorter, broader and thinner, to place over the tibialis anticus and extensor proprius pollicis; and two, three or four inches long and bolster-shaped, to fill in the posterior fossæ on each side of the tendo Achillis. It is often advisable, in old-standing cases, to supplement the pads by strips of plaster to ensure firmer pressure. Both pads and strips of plaster should be made exactly to fit, as, if too large, they are useless, from the pressure being too diffused; and, if too small, they exercise too little pressure. A moment's consideration will render this obvious. If too large a pad, for instance, be placed over the outer postmalleolar fossæ, its edges rest on the tendo Achillis and outer malleolus like the piers of an arch, leaving the fossa itself untouched. To keep these pads in their place, I use a long extended half-moon-shaped piece of plaster (emplastrum saponis spread on leather), long enough for the ends to overlap in front when the heel is placed in the center, and a narrow oblong piece above this, placed round the lower part of the leg, to cover the upper part of the pads. The handiest way to apply the pads is to place an India-rubber band above the ankle, to slip the pads under it, and then, planting the heel in the center of the curved plaster, to bring the two ends across the front of the joint so as to overlap. The pads having been secured in position, the elastic ring is to be cut, and the oblong piece of plaster put on so as to encircle their upper ends; lastly the whole ankle is to be firmly bandaged. Amongst the working classes, or in the case of an uncontrollable patient, it is advisable to apply two thin splints over the anterior pads, keeping them in position by a long strip of adhesive, plaster. Where there is much superficial ecchymosis, where there are bullæ or where there is unhealthy-looking skin, instead of using soap-plaster, the pads may be kept in position and pressure maintained by a piece of lint on which ointment has been spread. Calamine ointment made stiffly is clean, and not uncomfortably greasy. If, as occasionally happens, even this should cause irritation, warm wet lint covered by oiled silk may be advantageously used over the pads, and secured by a firm bandage; but neither of the applications can compare in efficiency with the soap plaster spread on leather.

It is, as I have said, impossible in the limits of this paper to describe the method of adaption of the pads to all the different joints; but a very little consideration will suggest the shape, size and thickness necessary to be employed in each case.—(Abridged by the *Chicago Med. Jour. and Examiner* from a paper by R. Dacre Fox, F. R. C. S., Edinburgh.

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Oleic Iodoform.—The first medicinal remedy that I shall consider, is prepared by dissolving about twenty-four grains of iodoform in oleic acid. The preparation thus formed is a yellow oily liquid, with a very slight odor of the iodoform. The strength of the solution should be 5 per cent., or about twenty-four grains of the iodoform to the ounce of oleic acid. Should the amount of the iodoform be increased it will recrystallize from its warm solution, and will not add any additional therapeutic action to the remedy. As far as I have been able to learn I believe that I have been the first to use these two preparations in combination. I have had this oleic iodoform prepared in the above manner by Dr. L. Wolff, of Philadelphia, and have used it for some time with both marked and beneficial results. It is an exceedingly valuable remedy, and possesses many advantages over iodoform dissolved in either lard, alcohol, ether, chloroform, or the fixed and volatile oils. The great advantages that this combination has over other iodoform preparations are as follows:—

First, it never becomes rancid, like ointments, neither will it evaporate like spirits and ethereal combinations of iodoform.

Secondly, the oleic acid removes very much the disagreeable smell of the iodoform.

Thirdly, the oleic acid will not in any way destroy the identity of the iodoform, but will much enhance its value by the combination. Abundant therapeutic experiment has already shown that the local action of iodoform has been to heal and soothe the parts upon which it is applied. The addition of the oleic acid with its active solvent power, and its ability to penetrate deeply and rapidly into the animal textures, will render the iodoform far more active and effective in many skin diseases.

Fourthly, oleic iodoform not only possesses great penetrating and absorbing power, which manifests itself in prompt remedial action, but it is also one of the most economical and cleanly preparations that can be applied to the skin. It is an economical preparation, as a very few drops suffice for its remedial action, and one should always recollect this fact, and should never prescribe more than one or two drachms at one time. It is also remarkable as a cleanly agent, for, by its rapid absorption into the tissues, it will not stain the linen, as most ointments do.

Oleic iodoform should not be rubbed in like ordinary spirits, liniments, or ointments, but should be lightly brushed over the surface with a camel's-hair-brush.

Oleic iodoform, applied to the unbroken skin, produces slight stimulation, but when used upon ulcers and abrasions of the mucous membrane it acts as a decided astringent. If brought in contact with discharging surfaces, and luxuriant granulations, it will check all secretion by contracting the vessels, condense the tissue, coat over the parts by precipitating the albumen, and so protect them from the injurious action of the air. This combined stimulant and astringent action of this preparation renders it a useful application in a variety of skin affections.

In scrofulous disease of the skin it is a most valuable adjunct in the treatment. When the glands are involved, and the oleic iodoform is applied over the surface, the stimulating and penetrating action of the combination assists rapidly in reducing them to their normal size. In another class of strumous subjects, in which the lymphatic ganglions suppurate, break down, and form scrofulous ulcers, which give exit to unhealthy and fetid pus, the application of the oleic iodoform assists in checking the formation of the pus, acts as a disinfectant by destroying all the odor, speedily reduces the abnormal state, and largely adds to the cure of the disease.

Oleic iodoform is also valuable in stimulating granulation and the hardened edges of chronic ulcers of the limbs and back, and likewise restrains and deodorizes the discharges of the part. In boils and carbuncles, the free application of the oleic iodoform, before suppuration sets in, will lessen the pain, and at times will cause them to abort. After an incision has been made in a carbuncle, the use of the oleic iodoform will overcome any noxious odor from the part, and will hasten the process of repair.

In psoriasis of the head, where one finds the scalp covered with a good crop of hair the best application that can be used is oleic iodoform, which acts effectually in connection with the proper internal remedies. By rubbing this preparation of oleic iodoform throughly into the scaly patches of psoriasis of the scalp, it is quickly absorbed, and is far preferable the various ointments which largely remain on or in the hair, and are either brushed off on the covering of the head or drop down on the neck.

Oleic iodoform can also be used with great benefit in functional diseases of the sweat glands. Thus I have employed it with decided advantage in the profuse secretion of sweat from the axillæ, the palms of the hands, the genito-crural folds, the fundament, and the soles of the feet. Again, its use in that disease in which the odor of the perspiration of the parts just named becomes offensive, both to the patient and those around, not only causes the odor to disappear, but often arrests the diseased condition itself.

In addition to the above observation, I have also found a combination of the oleate of mercury with iodoform to be of very great advantage, especially in the local treatment of syphilitic affections of the skin. This combination can be made by adding about twenty-four grains of *iodoform* to the ounce of oleate of mercury, which gives a yellowish liquid with a very slight odor of iodoform. The oleate of mercury with iodoform is markedly serviceable when syphilis affects the mucous surfaces, often curing this obstinate form when other remedies have been tried in vain. For example, I have used this combination in a large number of cases of syphilitic ulceration of the tongue, in which the organ has been enlarged and its surface covered with tubercles, ulcers, and fissures, with most decided success, after other remedies had entirely failed. I generally pencil with the preparation the surface of the organ twice a week, and am convinced of its value in these harassing cases b;· the repeated good results I have witnessed by its use. The same combination is very beneficial in pityriasis, especially of the hairy parts of the body. It is one of the best parasiticides, and is useful in favus, tinea tonsurans, eczema marginatum, and tinea versicolor. In using it in this latter affection, the surface should always be washed with soap and water preparatory to its application, and after repeated use it will be found that the itching will cease. and the fawn-colored, dry, and branny scales will gradually lessen until all traces of the disease have disappeared.—Dr. John V. Shoemaker in *Transactions Pennsylvania State Medical Society* for 1880.

◆

An Expeditious Method for Delivering Retained Placentæ.—Any old obstetric practitioner can recall days of anxiety and hours of trembling and laborious effort in cases of early abortion with retained placentæ. In most early abortions the fœtus and secundines are expelled *en masse.* In such cases, I presume, the mischief has originated in separation of placenta; but, when it is still adherent, I have always found it more like bits of pale veal than full termed placenta.

A lady who had been attended by the late James King, M. D., when the fœtus was expelled, sent for me one very warm night in June, 1867, her physician being out of town. She said a week had transpired since the fœtus was expelled; she had frequent floodings, which the doctor's remedies alway arrested, but they always recurred. Efforts had been repeatedly made to bring away uterine contents without success. She thought she was well advanced in her fourth month when the accident happened, and begged me, if possible, to remove the cause of the loss of so much blood, or else, she knew, she must very soon succumb. I felt I must do, at all hazard, what she desired; her feeble pulse and blanched lips told me delay would be fatal. I worked more than an hour, apprehending every moment that she might die before success would crown my anxious efforts; but I finally triumphed and she was saved—adding one more blissful moment to the unrewarded physician's weary and unacknowledged agony and sweat.

The next case was similar—the patient of a young physician who had called to his aid an old practitioner. She had thrown off the fœtus more than a week before I saw her, and the efforts of both medical men had failed to bring away the cause of the oft-repeated floodings, which were slowly but surely sapping the life of the sufferer. In this case I again labored long and in an agony of anxious fear before my efforts were crowded with success.

A few years ago—not more than two, I think—I was called to a similiar case, and put into practice a method which my former horrors, by frequent meditation, had devised. I was called to see a primipara who had lost (five days before) a fœtus, and had retained the placenta. She was greatly exhaused by frequent hemorrhages, and told me her medical adviser had told her to send for another physician; he could not relieve her. A vaginal examination revealed retained secundines.

I went for Dr. Estep to assist me. He applied Sim's Speculum, after having placed the patient in proper position, and I caught the posterior lips of os in a stout vulcellum. I lold the doctor to partially withdraw the blade until I brought the os uteri into view. With a large Recamier Curette I then separated the placental attachment, siezed it with a pair of toothed forceps, and, with frequent rotation and gentle traction, soon withdrew the entire mass. This was done without pain or danger to the patient and to my own most perfect delight, and I can confidently and cheerfully assure my confreres that this simple method takes away all danger and trouble from retained placenta.—Dr. W. C. Reiter in *Pittsburgh Med. Jour.*

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The Uses of Tar-Water in Obstetrical and Gynæcological Practice.—Dr. J. F. Allen, of Augusta, Ga. furnishes the *Atlanta Med. and Surg. Journal*, of October, 1880, an article upon this subject, and claims for Dr. L. A. Dugas, of Georgia, the credit of its general introduction into Southern surgical practice. Its antipyogenic properties have attracted considerable attention. It is made according to the United States Dispensatory by adding one pint of wood tar to four pints of cold water, mixing thoroughly and shaking frequently during twenty-four hours, and then filtering the infusion. Internally administered, tar-water is stimulative and diuretic in its action, and locally applied it is slightly astringent, unirritating and alterative; it is antiseptic and disinfectant, and hence antipyogenic; for, by destroying the putrefactive germs, it prevents or restrains the process of suppuration. It is especially useful puerperal-septic diseases. It is a perfect antiseptic and disinfectant, while its odor is pleasant, or such as not to offend the most fastidious. The oily and resinous principles which it contains exert a healing action upon the genital lesions, and suppuration is prevented. The ease with which it can be obtained, and its great cheapness, places it within the reach of the poorest people. It is to be used as a vaginal wash three times a day during the lying-in period, and cloths used to protect the vulva and receive the discharges should be moistened with it. It may also be employed, should occasion demand, as a wash for the uterine cavity. The value of tar-water as a local application in the treatment of certain diseases of the vulva, vagina and bladder, and as an antiseptic and disinfectant, after operations in gynæcological surgery, is no less marked. In the horrible itching due to so many different causes, we have in tar-water a valuable remedial agent. Its use in such cases as a vaginal injection and lotion to the vulva neutralizes and renders innocuous the irritating discharges, and by its sedative and alterative action it restrains or stops the morbid process. When the pruritis is due to skin diseases, the benefit derived from the use of tar-water is apparent from its recognized curative value in the treatment of these affections in other parts of the body. After operations in gynæcological surgery, it has been found to be equal to carbolic acid in solution as an antiseptic and disinfectant, while its greater virtue as an antipyogenic makes it more efficacious in preventing suppuration.—*Va. Med. Monthly.*

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The Antiseptic Cat-gut Ligature.—Dr. Lewis A. Stimson in an able communication compares the results obtained from the use of the cat-gut ligature with those from the silk ligature, and gives the preference to the former in point of actual safety, as shown by statistics of the two when employed in similar operations. It is held that an examination of the vessels after using the cat-gut ligature, shows that it does, as a rule, divide the artery completely, that it occasions much less irritation than the ordinary thread, that it may become encysted and absorbed, or it may exceptionally be cast off by ulceration, but even in this case it occasions less local reaction than the silk cord. The fears of the softening of the ligature prematurely are shown not to be founded on fact, and subsequent swelling may be obviated by placing the ligatures in carbolized water before the operation. Finally, a preference is expressed for applying the antiseptic cat-gut ligature in a single cord, around the artery, with sufficient force to divide the inner and middle coats because it is more certain to accomplish the object of the operation, and because the danger of secondary hemorrhage, sought to be avoided by leaving the coats unbroken, does not appear to be sufficiently great to make it worth while to incur the risk of failure to accomplish the principal object of the operation, that is involved in the proposed modification.—*American Journal of the Medical Sciences for January*, 1881.

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Gastric Remittent Fever of Infants and Young Persons. A Distinct Disease not to be Confounded with other Fevers.—According to Dr. F. Peyre Porcher, gastric remittent, which by some authors is incorrectly regarded as aborted or mild typhoid, may be excited in a person living under the influence of malaria, by anything irritating the stomach or gastro-duodenal mucous membrane; and the resulting febrile disturbance is not an intermittent, but a *gastric* (or *gastro-duodenal*) *remittent;* but uncomplicated gastric-remittents can also be met with on the highest mountain plateaus, where not a whiff of malaria exists—the malaria being responsible only for the periodicity of the disease. The distinction between these cases, which are said to be very common in Charleston and throughout the South, and ordinary malarial cases, is clearly defined, and is of great importance in the treatment, since they are never reducible by quinia alone but require special treatment in which alkalies play a prominent part, with mild mercurial alteratives.—*American Journal of the Medical Sciences for January*, 1881.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, FEBRUARY 10, 1881. No. 3

Editorial.

Amenities of Medical Journalism.

It is at the beginning of a new volume as at no other time that the editor becomes cognizant of his standing in the esteem of his constituency. It is the season for either renewing or discontinuing subscriptions, and while those who renew do not always express their sense of appreciation of the editor's efforts in their behalf, the number who do so, in our case at least, is sufficiently large to be a source of encouragement. As the labors of the practitioner are much lightened by the kindly smile, warm grasp of the hand (and fee) of the grateful patient, so are those of the editor by the kindly word of appreciation accompanying the remittance for the year's journal. The assurance that one's labors are kindly received both lightens the toil and stimulates to renewed effort to please. Kindly criticism, too, is ever welcome, and we are under obligations to several of our readers for suggestions.

Kind words, however, are not the editor's only portion. The snarling, ill-natured remarks of which he is the recipient are what makes his incumbency of editorial chair at times far from pleasant. It is true the philosophic mind by reflecting that "it takes all kinds of people to make a world," that all men are, unfortunately, not born gentlemen, and that neither do all endeavor to supply by a proper self restraint the defects for which nature is primarily responsible, manages to possess itself in patience, and to regard the querulous and fault-finding as a naturalist would regard a *lusus naturæ*. All of us, however, cannot acquire this philosophic equipoise, and hence some of us chafe and worry under the unpleasant strictures of those who find fault without suggesting a means of improvement, whose delight it is to tear down rather than to build up.

For the benefit of the latter class we quote the following from the Philadelphia *Medical Times*:

"Probably the lookers-on have no idea of the trials with which an editor has to contend; and the impatient critics are commonly those who increase his burdens,—men who feel that he has wronged or snubbed them or is indifferent to them. Their manuscripts have been rejected." "The editor does not know a good thing when he sees it. He is partisan; one-sided; deals in favoritism; doesn't know how to run a journal; is full of unworthy prejudice, etc." Little they imagine how much less trouble it would cost him to publish everything that comes to hand, and thus please all writers, good and bad. How long would a journal exist if no discrimination, no censorship, were devoted to what is sent for publication? In that case imagine the *olla podrida* it would become! * * * But there are scores of contingencies to decide which calls for serious thought. The editor would not needlessly offend, neither does he like to feel that he is obiged to propitiate anybody. Still, if he would ever have blue skies and pleasant breezes in his sanctum, he must perforce pocket a certain degree of his independence. Thus it happens on occasions that he temporarily widens the meshes of his censor's sieve in order to give passage to an artiticle which is too dull, too stale, or too youthful for the best interests of his journal. All, however, cannot be grain. It would indeed be a remarkable periodical which never contained chaff, for chaff often clings to the very corn itself.

The number of impulsive communications written by physicians of hasty mood and reflecting on fellow-practitioners is larger than would be believed. The suppression of these is an act of friendship on the part of a careful editor, and the impatience he thus creates in the souls of the writers is, in the majority of instances, succeeded by a feeling of thankfulness for his wisdom. But readers little know how few and rare are the expressions of approval which greet and cheer an editor even of a successful journal. It is a common and trying attribute of human nature to criticise and condemn without stint, and it may be, without cause; but praise and approbation, like an elided word, are left to be understood.

Of the unpunctuated, illegible, ungrammatical, tautological manuscripts; of the unreturned proofs intrusted to the hands of authors for correction; of the individuals who come to give gratuitous and useless advice; of the bores who think the journal cannot move without their counsel; of a thousand other trials and annoyances, nothing need be said. These *impedimenta* form a part of the machinery of every journal. When a reader inclines to criticse a journal, let him first try his own hand at the helm, and he will not long remain ignorant of the rocks and shoals which lie in the way of plain sailing. Let it be remembered, too, that a course which to the uninitiated seems to lead directly away from the object to be attained may be merely the symptom of a head-wind which forces the ship into a zigzag route, even though she be steadily nearing the haven.

Medical Legislation.

The practical uselessness of any medical law which recognizes a diploma as a guarantee of fitness to practice medicine is, unfortunately, too frequently exemplified in every community. The ease with which diplomas are secured from, we believe, the great majority of the medical schools of this country is a sufficient reason for no longer regarding this instrument as a sufficient charter on the strength of which to assume the grave responsibilities of the practitioner of medicine. This fact is receiving abundant practical demonstration in the state of New York, where all that is required to legalize the physician's practice is for him to register a diploma, there being no discretionary power vested in the county clerk to reject such diplomas as are issued by dishonest colleges. In Illinois the Board of Health have, to a certain extent, discriminated in regard to colleges, and have refused to accept the diplomas of some, but though this is a step in the right direction it is not a long enough step. The law which alone will keep colleges from violating the obligations implied by the State authority under which they operate must provide for the "Staats Examen." The working of the New York law has already, within a year after its passage, demonstrated to the people and profession of that State the truthfulness of this statement.

The following from *Proc. Kings County Med. Soc.* suggests the remedy for the evil which the existing New York law is inadequate to meet:

"A State Medical Examining Board should alone grant licenses to practice medicine in this State, and this new departure will occur when sufficient interest is felt in regard to medical reform. By requiring all candidates to pass well in all matters that are common to each of the sects, this will do much toward killing off medical sectarianism. The person who can pass well in anatomy, physiology, chemistry, histology and pathology, in the widest sense of this term, will very surely have at his command, or readily acquire, a system of therapeutics that commends itself to his intelligence. The examinations in obstetrics and surgery should go over the whole ground occupied by them, except where sectarian differences as to treatment interpose. Men talk of the *science* of medicine—the word means, among other things, "the investigation of *truth* for its own sake," "*truth* ascertained," "*true* knowledge." May scientific truth prevail, should be our most earnest wish. Only error fears the truth. It is impossible, therefore, for the writer to understand how a man, who is sincere in his convictions as to the truth of the principles of regular medicine, and, at the same time, thoroughly *honest with himself* as to his convictions, can ask or desire more of his competitors than this enforced equality, without exposing himself to the suspicion that a fair trial of opposing theories is not what he has most at heart. Except on one point all must come up to his standard, and he would no longer be under the painful necessity of ascribing differences of opinion to insufficient education. The schools have no chartered rights that would prevent the adoption of this plan, or the law passed by the last legislature forbidding their graduates to practice, except under certain specified conditions as to registration, could not stand."

The medical bill now before the Michigan State Legislature provides just such a remedy as the writer of the above suggests. We would state that this bill is in charge of the Hon. M. V. Borgman, who would be pleased to receive any such direct or indirect assistance as the friends of the measure may have it in their power to offer.

A Malthusian Idea.

Our contributor, Dr. O. E. Herrick, under the caption of "Specialties" in this number, touches incidentally, but by no means gingerly, a subject upon which few have been bold enough to give utterance to their opinions. It is nevertheless a subject with which the physician is brought face to face every day, and upon which, it is feared, his advice does not tally with his more public profession. While the amorous instinct has lost more of its intensity, the objection to its natural and legitimate outcome is apparently year by year becoming more and more pronounced, until it is even now a fact that the death rate in purely American families fully equals the birth rate—the increase in our population being due to immigration, and to births among the foreign born population. Physicians are daily beset for advice as to the best means of preventing conception, by women who are the leaders both in society and philanthropy, and even by some who are lights in the Protestant churches; to the honor of the Roman Catholic church, its members are not so much given to the criminal and more or less reprehensible practices resorted to prevent conception and the birth of viable children.

Dr. Herrick pronounces it a "mawkish sentiment" which denounces it as wrong to prevent conception by innocent means. We agree with him in his opinion as to the comparative harmlessness of some, at least, of the devices resorted to. The question of the *right* to practice them is one which each must answer for himself; it is one which pertains to religion, morality and sociology, rather than to medicine. This much, however, we believe to be true, the devices referred to are not discountenanced by the great bulk of the profession, and Dr. Herrick's views on the non-medical aspect of the question accord with the position regarding it practically maintained a very large number of his contemporaraies, who are less free to express their sentiments.

This question is a very delicate one to touch upon, and one, moreover, which does not, as we have intimated, properly pertain to medicine. It is, nevertheless, one which is pressing upon the attention of the American people. It is literally a vital question. The deterrent influence of a knowledge of the dangers to health of many of the devices practiced, is no longer potent. The bulk of truthful physicians who denounce these devices do so from other than a strictly medical point of view. The question is one for the churches to take hold of, and one the responsibilities of which cannot much longer be shirked. It is one which demands a share of the attention now lavished on the inhabitants of Boorroboola Gha. If the practices referred to are wrong it becomes the churches rather than the medical profession to say so, and to say so, too, in such a manner as shall carry conviction to the minds of the women. A gingerly condemnation in general terms is no longer enough.

Miscellany.

Clinical Instruction at Jefferson.—"The falsehood on its travels.—In our last issue we published the excellent letter of Prof. Gross, exposing the false statement of a London medical journal in regard to the clinics of the Jefferson Medical College. The *Michigan Medical News*, Dec. 10th, 1880, quotes the falsehood in full, and eagerly adds a very transparent comment upon the superior clinical advantages offered by Western schools in general, and those of Detroit in particular. As it has assisted in disseminating an untruth, the *News* will, doubtless, make the *amende honorable*, by publishing, also in full, Prof. Gross's letter."—*The College and Clinical Record.*

The News is never slow to make the *amende* when convinced of its error. Dr. Gross's letter, referred to, is not convincing. We do not argue from any any knowledge of the facts in the case, and gave the charge against Jefferson as a matter of news. We diligently studied Dr. Gross's letter, in vain, for a refutation of the charge that it was possible for a student to graduate at Jefferson without having received any clinical instruction. There was no intimation that the facilities offered by that renowned institution are not ample, but the statement was very direct that it is not obligatory on the student to avail himself of them, and this statement has not yet been denied—Dr. Gross himself, in his letter, really admitting its truth.

The following from the *Clinical News*, of Philadelphia, which being published right at the home of Jefferson presumably writes with a knowledge of the facts, very fully corroborates our view of the qestion at issue :

"As regards the main point at issue, Dr. Gross is (intentionally ?) silent, for no amount of " talk " can convince any candid searcher after truth that clinical instruction is, in any sense obligatory at the institution named, and, that although, the branches of clinical medicine are there amply illustrated each and every day of the week by practitioners of considerable eminence and undoubted ability ; yet there has not been, and is not at present, any regulation which compels the student to attend the lectures in question. He may go or not, as he chooses. He is not examined upon a basis of clinical experience, but simply and solely upon the dry bones of his text books.

If Prof. Gross thinks to bluff the intelligent observer from a knowledge of the real facts of the case by any such crafty argument as the one employ-he is grieviously mistaken. Jefferson Medical College has a faculty with few equals and no superiors in the country, possesses clinical advantages of a peculiarly exceptional kind, but Jefferson Medical College, for reasons best known to its trustees, has not made clinical instruction obligatory upon its students."

It would, in our opinion, be the more proper thing for the journal "conducted especially in the interest of the graduates and students of Jefferson Medical College," to acknowledge the fact and set to work to reform the evil, than to endeavor by evasion and innuendo to palliate and justify a grave defect.

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John Hunter.—The career of John Hunter was not begun in a way that gave promise of the greatness to which he was to attain. As a boy he was wayward and impatient of restraint, fond of amusement, and prone to idleness and disobedience, through there is no evidence that he was given to intemperance or dissipation. After some unprofitable ventures he was taken in hand by his brother, Dr. William Hunter, who was practicing and teaching anatomy in London, and started on the course in which he afterwards displayed so much industry and ability. His personal work he regarded solely as a means of getting a living, while his love for natural history and scientific study of physiology knew no bounds. It is curious to learn that to him is due the credit of first putting dentistry on a scientific basis. His work in the field of venereal diseases is well known and, notwithstanding the advances made since his time, must always be regarded as a great gain to medical science.

In spite of his profound knowledge of anatomy, Hunter never ranked high as an operator. "He was a lover of principles and a hater of knives." His application of the ligature on the cardiac side, for the cure of aneurism, was the first scientific operation of this sort for the cure of non-traumatic aneurism.

Beginning life unfavorably, he, by hard work and steady purpose, acquired wealth and reputation long before his death, and has left a name that ranks with the greatest names that the world delights to know.

Professor Gross has recently delivered an address before the Philadelphia Academy of Surgery, upon the life, labors and disciples of Hunter, which will be published in book form, by Presley Blakiston, about the first of February. From advance sheets of this book we have gathered the facts mentioned above. The book will contain a frontispiece portrait of Hunter, which Prof. Gross says "is as good as it can be."—*American Specialist.*

◆

Amusing Items.—The most amusing items to be found in the exchanges are those relating to themselves. One cannot dream, until he sees them, how many journals are "the best;" how may have "the largest circulation;" how many are "the only exponent of American medicine;" how many "occupy a larger place in medical literature than any other publication in this country;" how many weeklies and monthlies are "admitted to be the best," and how many "the leading journal of the times," etc., etc., *ad nauseam.* One would suppose that the writers of such stuff would be ashamed of it, but apparently they are not; the number is steadily increasing. When the clown in motley springs into the saw-dust ring and exclaims, "Ladies and gentlemen, I will now introduce to you the champion vaulter of the world," all suppose that Mr. Merryman is the master of hyperbole and balderdash; but this is an error that no one who reads the prospectuses or declarations of some medical journals could ever make. The clown's boast is flat and tame in comparison.

A demonstrable fact is a fair statement which any one can legitimately make; but it will not do for any one (in the language of Sheridan), to draw "upon his imagination for his facts," or, like an American Indian, to be an expert in "drawing the long bow."

[The above remarks are from *Gaillard's Medical Journal,* and are very sensible. Reform, however, to be effective, must, like charity, begin at home. If there is an editor in this country who claims more for his journal than Dr. Gaillard claims for those he issues we should like to have him pointed out.]

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THE METRIC SYSTEM.—The following is one of a number of letters to similar purport, received since our last issue, containing an article on the metric system:

"I have just read with much satisfaction your editorial in the last number of the MICHIGAN MEDICAL NEWS, upon the adoption of the Metric System, and I am reminded of some remarks I made against the use of that system, in the West at least, during the discussion of the subject at the last meeting of the American Medical Association.

I then called it an "exotic" which the profession generally would not adopt, and stated that I was opposed to any attempts to foist it upon us. I am pleased to see that you take the same view of the matter, and have expressed my views much more fully and satisfactorily than I did, or could have done with the the limited time at my command. I hope the medical profession of this country will show a strong and unyielding front against every effort to thrust this "Gallic monstrosity" upon it, and that there will be no compromising with any attempts at that kind of medical bulldozing."

H. C. FAIRBANK, M. D.

FLINT, MICHIGAN.

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THE ONUS OF EDITORSHIP.—The following anent the onus of editorship is extracted by the *Canada Lancet,* from the *London Times*: If an editor omits anything, he is lazy. If he speaks of things as they are, people get angry. If he glosses over or smooths down the rough points, he is bribed. If he calls things by their proper names, he is unfit for the position of an editor. If he does not furnish readers with jokes, he is an idiot; if he does he is a rattle-head, lacking stability. If he condemns the wrong, he is a good fellow, but lacks discretion. If he lets wrongs and injuries go unmentioned, he is a coward. If he exposes a public man, he does it to gratify spite, is the tool of a clique, or belongs to the "outs." If he indulges in personalities, he is a blackguard; if he does not, his paper is dull and insipid.

◆

The following literary curiosity, given *verbatim et literatim et punctatim,* illustrates some of the sacrifices we must endure for the public weal. It is from a Pennsylvania doctor, and reveals the necessity of some sort of medical legislation in the Keystone State:

"Dear Sir

I have decided not to continue the M- M- News only to the end of third *Vol*— As the Medical law question of your State is of no interest to me and in my own State Should not favour any Such Subterfuge No law will be able to prevent quackery wile the people believe that the quack is as honest and as well qualified as the physician. Therefore instead of a law to protect the profession wich seems to me it would rather promulge quakery which is the disgrace of medicine.

I would advocate a law for the protection of the people instead by compelling the profession to harmonise and do away with jealous bickerings and not practice quakery in any of its many forms but render mutual aid and protection each one to aid to dispense the milk of humane kindness to our patrons.

This would give pristage power and dignity to the profession. Then would our Sorrows be assuaged and the winter of our discontent made glorious by a victory, over quackery without any special law to interfere with our institution."

The following list of octo and nonogenarians, goes rather to contradict the commonly received opinion as to the effect of the practice of medicine on longevity: Dr. Archibald Billings is 90: Dr. Hurlock, of Brighton, 88; Sir T. Watson, 88; Dr. A. Tweedle, 86; Dr. J. A. Wilson, of Dorking, 85; Dr. Bissett Hawkins, 84; Sir James Aldersen, late President of the Royal College of Physicians, 80; Dr. Christopher J. R. Allatt, of Dover, 80; Sir George Burrows, late President of the Royal College of Physicians, 79; Dr. James Muscroft, of Pontefract, 95; Dr. T. M. Greenhow, of Leeds, 90; Dr. Robert Tayler of Brighton, 91; Dr. James Moncrieff Aratt, late President of the Royal College of Surgeons of England, 87; Dr. John Flint South, of Blackheath, 84; Dr. Cæsar Henry Hawkins, Seargant-Surgeon to the Queen, 83; Dr. James Luke, consulting surgeon to tne London Hospital, 83; Dr. Robert McCormick, Deputy Inspector of Hospitals and Fleets, 83.

The following is a copy of a prescription (orthography corrected) written by a refugee from Illinois who settled in Wisconsin after the medical act in the former state made his residence there uncomfortable. It was sent us by Dr. Wiensma of Sand Creek, Wis., formerly of Center City Minn:

℞	Yellow Dock Root	℥ iv
	Scoke Root	℥ iv
	Blood Root pulv	℥ iv
	Cinnamon	℥ i
	Cloves	℥ ss

Pound it altogether and use it like snuff ten times a day and smoke a pipeful of cinnamon mixed with tobacco every night.

Take:

Oil Hemlock	℥ i
Spts. Camphor	ʒ i
Brandy	℥ iii
Water	℥ iv

Boil a little of it and steam the head every night a little, till it sweats then tie a piece of flannel around the back part of the head.

One day while the once famous syphilographer, Thierry de Hery, was sauntering through the crypts of St. Denis, paying little attention to the various royal tombs about him, he suddenly precipitated himself before an effigy and began to pray; the berger who was standing near by, called out to him —"You mistake, sir, that is not a Saint's tomb but that of our late King Charles VIII." "Simpleton, replied de Hery, "learn that the good King Charles VIII is more than a saint to me, as he imported the pox from Italy, and has been my benefactor to the amount of thirty thousand pounds a year."

Dr. Wilms, of Berlin is dead. He was reputed to be the best operator in Germany. Septic poisoning from a wound received during an operation was the cause of death.

Total number of medical colleges in the United States, 69; number in New England and Middle States, 16; number in the West and South, 53; total number of students, 8,279; average for each New England and Middle State college, 216; average in West and South, 90; total students in New England and Middle States, 3,467; total students in West and South, 4,812.

It is stated that there will soon be organized a new medical college in Philadelphia, under the charge of members of the regular profession. A charter of one of the colleges existing before the war has been resurrected, and a location near Broad and Market streets selected for the new institution.

Book Notices.

The Transactions of the American Medical Association. Instituted 1847. Vol. xxxi. Wm. B. Atkinson, M. D., Secretary, Philadlphia.

The thirty-first annual meeting of the American Medical Association was held in New York City June 1st, 2nd, 3rd and 4th, 1880, and now, over seven months after the adjournment, the published proceedings are before us. Better late than never, of course, but this long delay has been fruitful of no small amount of grumbling. The impatient ones will, however, find a very plausible, if not a sufficient excuse for it in the size and character, illustrations, etc., of the volume. It was but proper to expect, from the fact that the Association met in the metropolis of the Union, that the volume of its last year's transactions would excel its immediate predecessors in size as well as in all those particulars which go to make up a valuable publication. In this expectation, notwithstanding what we were led to expect from delegates on their return, the profession will not be disappointed. Doubtless the right royal manner in which the Association was entertained during its last meeting led many to suppose that the social had been cultivated at the expense of the scientific.

It would be impracticable for us to give a review of this imposing volume even had we space at our disposal. Suffice it to say that in our opinion it is the best issued in the history of the Association. The indefatigable secretary has placed the profession under renewed obligation by the manner in which he has performed his part of the work.

A Treatise on Albuminuria. By W. Howship Dickinson, M. D., Cantab, Fellow of the Royal College of Physicians; Physician to St. George's Hospital, etc. Second Edition. New York: Wm. Wood & Co., 27 Great Jones Street.

This is the January number of Wood's Library of Standard Medical Authors, for 1881.

We are pleased not only to note that Messrs. Wood & Co. have received sufficient encouragement to justify them in continuing this series of publications, but that the patronage is sufficient to enable them to issue each year's volumes in better style than those of the previous year. As a rule the price of medical books, as compared with those on subjects of general public interest, is high. The reason of this is the limited sale of such works. The liberal manner in which the profession has patronized this new departure has enabled the publishers to furnish a series of books at fully as low a price as that asked for books of similar mechanical execution on general literature. The enterprize commends itself not only on account of the cheapnes of the books but on account of the judicious selection of subjects and authors. The reprints, from foreign publications, we are informed, are not made without pecuniary remuneration to the authors, which fact besides showing a recognition of the rights of foreign authors not accorded American authors by all foreign publishers, makes the cheapness of the books the more remarkable.

The initial volume of the series for 1881 is a concise and yet exhaustive treatise on albuminuria, the etiology, complications and treatment receiving all the attention necessary to a full consideration of the subject. The text is abundantly illustrated with wood cuts, in addition to which there are eight elegant lithographs.

The publishers have heretofore shown excellent judgment in their selection of topics, and the present volume on Albuminuria is additional evidence of their appreciation of the wants of the practitioner.

Rocky Mountain Health Resorts. An Analytical Study of High Altitudes in Relation to the Arrest of Chronic Pulmonary Diseases. By Charles Denison, A. M., M. D., Denver, Colorado.
Boston: Houghton, Mifflin & Co.

It is customary for physicians as a *dernier ressort* to send their consumptive patients away from home. In the minds of the majority, it is to be feared, the recommendation of this or that resort is made in the most impirical manner—little reference being had to the relation which should exist between peculiarity of climate and peculiarity in the nature of the patient's disease. While Colorado and the mountains are appropriate resorts for one class of patients there are others whose disease is invariably aggravated by such a change. The selection of the proper place for the consumptive to go to, and the particular stage of his disease in which any change is likely to benefit him are questions requiring not less, if not more, skill and judgment than does the administration of drug. Dr. Denison in the little work before us gives valuable aid in determining the advisability of sending individual cases to Colorado.

The following pamphlets have been received:

Proceedings of the Louisiana State Medical Association. L. F. Salomon, M. D., Secretary, New Orleans.

Cases Treated by the Lister Method. Reported to the Portland Clinical Society, by Frederic Henry Gerrish, M. D., Surgeon to the Maine General Hospital, Professor of Materia Medica and Therapeutics in Bowdoin College, etc.

Anæmia in Infancy and Childhood. By A. Jacobi, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York. Published by G. P. Putnam's Sons, 182 Fifth Avenue.

Cæsarean Section with Removal of Uterus and Ovaries after the Porro-Mueller Method. By Elliott Richardson, M. D., Lecturer on Practical Obstetrics, University of Pennsylvania, Philadelphia.

Injurious Effects of the Constant Use of Baby-Carriages and Bicycles on the Physical Development of the Young. By Henry H. Smith, M. D. Reprint from the Philadelphia Medical Times.

Laparotomy and Colotomy, with formation of Artificial Anus for Obstruction of the Intestines. By William A. Byrd, M. D., Quincy, Ill.

Extirpation of Rectum without Destroying the Sphincter Ani Muscle.—Ibid.

The Asylums of Europe. By George M. Beard, A. M., M D. Reprint from Boston Medical and Surgical Journal.

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Original Articles.

Hæmorrhage from the Umbilicus of Infants, with Report of a Case.

BY W. H. ROUSE, M. D., P. C., DETROIT, MICH.

Hæmorrhage from the umbilicus of children at or soon after birth is a subject worthy of more consideration that it usually receives. Its most common variety—from defective ligation—is so clearly due to carelessness or other apparently inexcusable causes that but little attention seems requisite, while other forms are so rare that their causes and treatment seem to be deemed unworthy of consideration.

For the sake of convenience hæmorrhage from the umbilical cord may be considered under the following heads:

1. Defective Ligation.
2. Injury.
3. Granulations.
4. Dyscrasia.
   a. Local.
   b. Constitutional.

1. Few practitioners who have attended many women during parturition have been so careful in ligating the cord as to escape without witnessing one or more cases of hæmorrhage—some possibly fatal—from defective ligation. The cause and remedy in these cases is too evident to require more than a word of caution.

2. Hæmorrhage from injury, though less frequent is not so much under the direct control of the obstetrician. It may arise from real or acquired shortness of the funis at the time of delivery, or from traction on the cord in consequence of defective care on the part of the nurse. The first of these is rare and unavoidable, the second should not be permitted. In cases of extreme destitution it is not easy to secure proper attendance and injuries to the child cannot be avoided.

3. From want of cleanliness of from other causes unhealthy granulations spring up after the falling of the cord, and cause more or less hæmorrhage. This trouble is easily remedied by care, the application of some stimulating dressing or by cauterizing. This form seldom causes much trouble.

4. The fourth variety is very rare—some practitioners of considerable experience having never seen a case—and will claim our most careful attention. It usually occurs after the child is several days old and in the majortiy of cases proves fatal. It is supposed to be due to unusual patency of the umbilical vessels, to constitutional dyscrasia or to both. It often arises when the navel is well healed, and consequently when the physician and nurse have exercised at least ordinary skill in the care of the infant.

Before considering this ailment further permit me to report a case.

Something over two years ago Mrs. M., a medium-sized healthy woman, after a tedious labor was delivered of her first child by means of forceps. The parturient canal was less than the average size, due to the prominence of the promontory of the sacrum. The child was very feeble and died on the third day. The husband is a large healthy man. In about one year she was again delivered by instruments of a still born babe. The labor is said to have been rather tedious—I did not attend—and recovery seems not to have been quite as favorable as on the previous occasion.

In the course of a few months she again became pregnant. Her health became still more indifferent though not so bad as to induce her to seek medical advice. Her appetite was quite poor and she seemed to have had a disrelish for meat. Her strength was impaired but she attended to her household duties till the time of confinement.

On the morning of October 27, 1880, I was called to attend her in her third confinement. She had suffered some from irregular pains during the greater part of the night. The pains were slight and irregular, the so fairly dilated, but the vagina was rather dry. The woman, being rather nervous, a small dose of chloral was given.

A little after noon the pains became fairly regular and strong and the head was still at the superior strait. Fearing another still born babe I applied the forceps and delivered her of a moderate size boy without especial difficulty. The child was apparently dead but after a little showed signs of life. It was quite poor, very feeble, but did not have the venerable features occasionally observed in poorly nourished infants.

The babe's bowels moved naturally but no urine was voided for thirty-six hours. The water was quite scanty and left decidedly yellowish stains on the diapers. The cord was small and remained moist. On the third day the cord had a rather offensive odor. On the fourth day it had fallen off and the navel had a small granulating surface, which soon kindly healed.

The child was too feeble to nurse but was fed its mother's milk till the sixth day when it was able to nurse. On the third day there was some stomatitis, and the tongue was heavily coated with a yellow fur. The child's mouth was still worse on the fourth day, but on the fifth exhibited marked signs of improvement, and in a few days it was quite well.

On November 5th the prospects of the child seemed quite favorable. It nursed tolerably well its mouth, tongue and bowels seemed normal but the urine continued rather scant and quite yellow. The navel had kindly healed and exhibited no indication of approaching trouble. The skin which had been decidedly jaundiced during the continuance of the stomatitis now assumed a healthy aspect.

Early in the morning of November 6th blood was discovered oozing from the navel. Strong pressure and styptics were applied without avail. The cord was then tranfixed and tied *en masse.* This succeeded for a short time but hæmorrhage returned and all further efforts to stop it were futile. Death resulted about fifteen hours after the commencement of the hæmorrhage.

Soon after the ligation of the cord a clot forms in the umbilical arteries. Under ordinary circumstances this is sufficiently firm to guard against hæmorrhage even when the cord falls off as early as the third day. The navel should be free from granulations by the seventh to the tenth day. Permanent occlusion of the umbilical vessels is usually effected by the twenty-fifth day, when hæmorrhage from them would be impossible. Any thing that prevents the formation of the clot or displaces it after it is formed would favor hæmorrhage. Hence spanæmia from constitutional hereditary ailments, from the health or habits of the mother or from disease of the child, should form important factors in the causation of this trouble. The too common habit in some localities of interested friends and and neighbors of viewing the new born infant—often subjecting it to rather rough handling—may possibly at times displace the provesional clot and thereby directly though unintentionally, cause the death of the child.

Jaundice has been observed in quite a large proportion of the recorded cases of umbilical hæmorrhage and hepatic disease with its resulting spanæmia is supposed to have been the real seat of trouble. It should be remembered however that this ailment usually occurs soon after birth when an icteritious color of the skin is not unusual even with healthy children.

As these cases have been very rare the very limited number of *post mortem* examinations afford but little information. No condition has been sufficiently constant—even disease of the liver—to enable us to determine its morbid anatomy, hence further light is much needed.

The time at which the hæmorrhage occurs has been quite variable as will appear from the subjoined table compiled from all the reported cases at hand:

*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	56
†			5	6	20	19	14	5	3	1											
‡	3	8	6	4	12	9	11	9	9	8	4	1	6	4	1	1	0	2	0	2	1

There seems to be no obvious connection between the time the cord falls and the occurrence of hæmorrhage. On general principles it would be presumed the bleeding would be most probable when the cord falls early.

From the number of case occurring on the first and second days—11—it might be presumed some errors in observations have been recorded, some being from defective ligation.

It appears that boys are more liable to this trouble than girls in about the proportion of two to one.

The prognosis in these cases is very unfavorable. Nearly 84 per cent. have died, while those who recovered were in a very debilitated condition.

In cases like these in which prompt and efficient action requisite to save the child, the treatment is the important question. This may be considered under two heads local and general.

The local treatment comprises astringents, pressure, and tying, of these pressure seems to have given the most favorable results. Astringents seem to be of little avail and cauterizing useless, for it seldom give, more than temporary relief, and renders other methods of stopping the flow more difficult. In my case persulphate of iron was used with presure over cotton but did no good.

Various methods of applying pressure have been tried but from the location of the bleeding vessels in the midst of soft tissues but little benefit resulted. Pressure with the finger, though tedious, is probably one of the best. Plaster of Paris pressed over the navel, allowed to harden and then secure by a tight bandage has been highly commended but like other methods it usually fails. One case is reported in which a thimble, open end next to the child, was closely pressed over the navel and the child recovered.

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* Age of Child.

† Cord falls.

‡ Hæmorrhage.

It might be deemed good treatment to cut and ligate the bleeding vessels. It should be remembered that there is an extreme tendency to hæmorrhage—the blood at times seeming to ooze through the pores rather than from cut or torn vessels—and the slightest cut may but increase the loss of blood. Should this method suffice for the time being the after results might not be favorable.

From a careful review of this subject I am strongly inclined to the method of ligating the cord *en masse*. This is done by transfixing the cord with two needles at right angles and then tying in the form of the figure eight. This method stayed the blood for a short time in my case but after a little, blood oozed from the vicinity of the needles and still lower around the edges of navel.

With our present knowledge of this ailment and the results obtained no method of arresting the hæmorrhage can claim very much confidence. Even if we were able to control the local bleeding, which may be quite possible, hæmorrhage from the bowels or other parts would as surely—though with less terror to the friends, because hidden—destroy the patient.

As most of these cases die in a comparatively short time—about three and a half days being an average—but little time may be available for constitutional treatment.

As jaundice and hepatic troubles have been reported in quite a number of cases, an active mercurial cathartic might be of service. This should be followed by such remedies as might seem indicated in the case. From the occasional nervous symptoms at times observed probably quinine and iron would be highly serviceable. Gallic acid, acetate of lead, ergot, or other similar remedies could be tried but we have too little knowledge of these cases to speak with much confidence of any remedy.

Whatever course be adopted to stay the flow of blood every available means of sustaining the strength of the little patient should claim careful attention.

Too little is known of the cause and premonitory symptoms of this trouble to enable us to use prophylactic treatment. It is quite possible, however, the condition of the woman during gestation, if carefully observed would suggest some further light on this ailment. This also suggests the propriety of securing greater care of prospective mothers. It would not be bad policy to keep them constantly under medical surveillance during gestation. Children born under such circumstances would be enough better, apart from the ailment under consideration, to repay all trouble and expense thus incurred.

Specialties.

BY O. E. HERRICK, M. D., GRAND RAPIDS, MICH.

It has become quite the fashion of late for a certain class of general practitioners to sneer at and belittle all forms of special medicine, and all who practice it; notably is that the case with gynecology. For the last year or two, I have noticed a disposition on their part to cast odium in that direction, in the shape of articles in the different medical journals. It is a well established fact in all things great and small, that as soon as a thing or system begins to succeed, there are certain individuals afflicted with a sort of asininity, who, through jealousy, malice, or something else, immediately imagine that they are delegated to throw mud upon the object of their spleen; and the object thus assaulted thrives correspondingly. For these gentlemen to think for a single moment that they can crush out special medicine by this or any other means, is as absurd as was the position of their predecessors, long ago, when they denounced the discoverer of vaccination. Special study and preparation in any direction, has been, and always will be rewarded, and special medicine has got too much headway in this country to be easily crushed out. The public have already recognized its claims and are every year appreciating the benefits it derives from the system more and more; while with the usual perverseness of the people, they will continue to worship at the shrine of the most persecuted. In the MICHIGAN MEDICAL NEWS of Nov. 25th, 1880, appeared an article taken from the *Country Practitioner*, in which the writer seeks to vent his animosity towards specialists by insinuating that they are "abortionists, locusts sent upon the people of the Lord to punish them, etc." He holds forth with his mock morality exactly like one whose patients were leaving him for some physician better qualified to treat them; perhaps they had deserted him for some specialist. He says, "every physician knows that the majority of the obstetrical cases occur in the lower classes, and knows equally well that the women in that class are generally unable, from want of means and large families of children dependent upon them, to remain a reasonable length of time in bed;" and then asks if the most of the gynæcological cases are found among this class, suggesting that if they were, gynæcologists would not get fat upon the products of their labor, and hence it would not be a fashionable part of medical practice " The writer of the article must have had very little practice among diseases of women, and must have forgotten the college clinic, not to know that the class he mentions are by far the most frequent sufferers from uterine diseases, often caused, no doubt, by the causes he has mentioned, while it would not be particularly strange if the majority of obstetrical cases should occur among the poorer classes, when one remembers that there is a very decided majority of poor people. The real facts in the case are, that according to number uterine diseases are much more prevalent among the working women than among the wealthy, while there is a large majority of the poor who do not present themselves for treatment, but suffer more or less all their lives, many of them being too poor to pay for such treatment, and too proud to attend the free clinique. I have no doubt every gynæcologist in the country will recognize the truth of the above statement.

It has become very common for many of the profession to charge nearly all the diseases of women upon improper sexual relations and abuses, and the laity have learned, and have taken up the cry. Now while that is sometimes the case, I do not believe it is always so, or even in the majority of cases. Uterine disease is much more often caused by a bad "getting up," after confinement, from improper care, and as the writer of the article referred to says, for want of a "reasonable length of time to keep their beds and rooms."

The gentleman in his just (?) anger grew quite profane upon the subject of preventing conception, and said that fashionable people "use every damnable practice that can be imagined to subvert the natural results of married life," and suggests that the gynæcologists ask their patients the following questions when they present themselves for treatment: "Has the natural process been shortened and the seed cast upon the ground? Has she been accustomed to spring from her couch and douse the engorged uterus and vagina with cold water? Has she rejected her spouse until within a short period of her menstrual period and then submitted to his approaches when she had no sexual desire?" He is evidently a God fearing man, for he asks the "clergy to lay hold of the matter;" whether to rid the country of the specialists or their implied works, does not clearly appear. Perhaps the writer is one of those monstrosities, half preacher and half doctor, which are to be found in many country towns. In regard to "casting the seed upon the ground," I cannot see as it makes any difference whether it is "cast upon the ground," or somewhere else, if it is not used to make the woman conceive; and while I would not have the woman use ice cold water, it is pretty good practice to use warm or tepid water at such a time; and if she does not care to become pregnant, it is a good idea, and can do no earthly harm. In regard to a woman having connection with her husband just before her menses, I cannot see why she should not do so if she wishes; the only trouble about it is that she is very liable to become pregnant, and she has a right to become so if she wants to; that is the time that nature evidently intended that conception should take place—*i. e.*, near the time of the menses; it is then that all animals are in heat, or at the time corresponding. And while I believe a woman has a right to become pregnant, I also believe she has the right morally, lawfully and physically to prevent it by any such innocent means; and all this mawkish sentiment about its being wrong, or about its doing damage to the health, is simply bosh, and thousands of people know it from experience and otherwise. And as for the "dire effect upon race and country," one has only to look out upon the street and see the thousands of hungry and ragged children for an answer. As for the abortion business, that is another and a different matter—it is a crime against nature and the individual, and should be suppressed by every means. Although there may be extenuating circumstances in some cases, even in the consideration of that subject. As for the intimation referred to, every one knows that the family physician is the first one sought to do the job, and not the specialist—he is not consulted until long after, and then as a repairer of damages.

That the profession as a whole do not share with the writer in his bad opinion of the specialists, is certain from the encouragement given them, and the time is not very far in the future, I apprehend, when medicine will be divided up almost completely into specialties; then, and then only, will we be able to master it into a complete science. The domain of medicine is becoming too large a field for one mind to keep up and be proficient in all its branches. In the meantime I believe there is a proper field for the specialist, and if he keeps in that field, he is a help, and not an obstacle to the general practitioner.

54 Monroe Street.

Treatment of Diphtheria. Removal of Benign Tumor.

BY THOS. BARLING, M. D., MINDORO, WISCONSIN.

There has been, since July 1879, a severe outbreak of diphtheria in this neighborhood, isolated cases still occurring. During that period I have attended over 300 cases. My treatment is somewhat different from that in general use, and my success has been very remarkable. I attend to four things: 1. Hygiene. 2. General health. 3. The throat. 4. Counter-irritation.

1. I insist on great cleanliness of person, and surroundings, a moist atmosphere, easily obtained by mopping the floor, and keeping a milk pan of water on the stove, and a disinfectant produced by half filling an old milk pan with moist earth, placing it under the stove, and putting into the moist earth fifty or sixty matches, (generating ozone) and thirty or forty drops of carbolic acid, renewed three or four times a day.

2. For general symptoms, such as high pulse, pain in back, dry skin, increased heat, general uneasiness, and glandular throat swellings, I give one dose of calomel, five to twenty or thirty grains, followed in about six hours by a dose of castor oil.

3. The throat. At the commencement there are swollen tonsils, greatly enlarged capillaries quickly followed by the diphtheria effusion, always accompanied with an increase of temperature of from two to four or even five or six degrees. I combat this with cold. I give a solution of

℞	Acid. tart.	gr. iij.
	Pot. chlor.	gr. iij.
	Water	℥ ij.

M. Order one teaspoonful to be mixed with two teaspoonfuls of the coldest water they can get; if ice water so much the better, if no ice is to be had, cold well water, readily to be obtained at about 45° or 56°; two teaspoonfuls are to be used as a gargle and the remainder swallowed. This to be repeated every twenty or thirty minutes, till the urgent symptoms subside. Litte four year olds will eagerly look out for the gargle and long for the time for its repetition. I use no spray, no tannin, no swabbing, but I expect the urgent symptoms to be relieved in about twenty-four hours. I then generally give a gargle composed of:

℞ Red pepper.................... 10 grs.
Common salt.................. 30 grs.
Water........................ ½ teacup.

To be used freely, and if the tonsils remain enlarged and flabby, finish off with two or three applications of a strong solution of nitrate of silver three or four grains to the drachm, applied with a feather.

4. Counter irritation. There is well nigh always severe glandular swelling of the throat externally. I attack this by local sweating. I procure generally a handkerchief, fold it so that it will lay well into the throat, wet the handkerchief in hot water, so hot as almost to scald, and sprinkle it with a teaspoonful or two of kerosine, place this quickly on the throat, and cover with a dry cloth. This may want renewing three or four times at intervals of six or eight hours. This will blister severely; when this effect is produced still continue the wet compress but put a little sweet cream on the wet cloth instead of kerosine.

This mode of treatment with me cures diphtheria. My total deaths did not amount to five per cent. and if I eliminate those who died within six hours of my seeing them, not to three per cent. I am able to give names and particulars of all my cases.

I send by express to the museum of the Michigan College of Medicine a tumor, which I should call a lobulated fatty tumor in fibrous capsule, removed on Jan. 1, 1881, by myself assisted by Dr. Wakefield, of West Salem, from the left iliacus muscle of Thomas Kinnerney æt. 50. T. K., received a kick from an ox about six years ago, shortly after which a swelling began to appear. About four years ago it was about the size of a goose egg, since which time it has developed rapidly, until attaining its present size; it is somewhat mushroom-shaped, the pedicle measuring about four inches in circumference, the crown about sixteen inches, its weight at removal two pounds and four ounces. The operation was exceedingly simple. We inserted a long sharp pointed bistoury through the tumor well down into its base, and cut outwards, first one side, then the other. One small artery spurted, but the bleeding was immediately checked by simply twisting the vessel. The wound was dressed with a pledget of cotton batting dipped in a solution nitrate silver, about twenty grains to the ounce, and the whole covered with plaster. We gave him just a whiff of chloroform, more to satisfy him than for any other reason. At date, Jan. 17, 1881, he is making a rapid recovery.

The tumor was not painful, but its weight and situation were very annoying and he was suffering from general debility and rheumatic affection of his left leg. He says he now feels better than he has done for years.

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Epilepsy with Death.

BY A. W. MITCHELL, M. D., DIALTON, OHIO.

Oscar S., æt. 22. Was called on January 9th at 4:30 A. M. Found patient just recovered from an epileptic fit. Had first fit of the series on Thursday night. Had more on Friday and Friday night. Had eight on Saturday, and on Saturday night previous to my seeing him he had had one about every half hour. Had thrown up his supper on Friday, also breakfast on Saturday. Had afterwards drunk water but threw that up also, so he had not really had any nourishment since Friday noon, and had not attempted to take anything else.

After each attack and the stupor immediately following, he became very restless, tossing and tumbling around to such an extent that he had to be guarded from hurting himself against the wall or the bed posts. Consciousness was recovered to a very slight degree, and a few questions were answered in monosyllables. Previous to each attack he would become quiet, seem to rest easily; his pulse would become accelerated, then would follow the peculiar tonic, then clonic spasm of the epileptic. Examination as to case negative, except, that he had typhoid fever when eight years old, and had been subject to fits ever since. Had a voracious appetite at times, and had been treated once for tapeworm without any affirmative result. As to nature and frequency, he would sometimes go a month or six weeks without any epileptic convulsions, but in the intervals would frequently have typical epileptiform attacks, in which loss of consciousness was complete, though his attention could be recalled by speaking to him, and his actions during the attack were a complete blank to him. Two years ago he had a series of attacks similar to these, in which he had forty-five fits within three days. Dr. Spinning, now of Springfield, attended him then.

Treatment.—I gave him bromide of potassium, grs. xij, in sweetened water. He soon called for water, and after taking a drink he lay back, and after a few convulsive movements, which seemed to originate in the stomach, he had a hard spasm, followed in less than ten minutes by two lighter ones. In half an hour I repeated the dose adding about five grains of sub. nit. bis. He again called for water in a few minutes, and I ordered about two ounces of milk, which he took instead. He then lay down and appeared to rest easy for an hour, when, apparently from a sleep, he passed into a spasm. It was two hours before the next one, and in about half an hour after it I repeated the potassium and bismuth with orders, if he called for water to give him a drink of milk. I then left, promising to return in the afternoon. I had not been gone three hours when a messenger came in haste, saying he was worse. I went back immediately and found that the convulsions had returned with increased severity, and he was now having them at the rate of one every ten minutes, and that he did not rally from one before he went into another. I was satisfied that if thirty-six grains of the bromide, with bismuth added, produced no better results it was useless to push them further, and as the pulsation at the wrist was irregular, I prescribed morphia with ten drops of tr. digitalis. In half an hour the morphia was repeated, but the intervals seemed to remain just as short, and he was getting weaker. He continued in the same way until 4:30 P. M., when he died. I was not present at the death, as I had stepped out to see another patient, but returned within a half hour after.

Remarks.—While we all like to report our favorable cases, and are backward to report our fatal ones, the fact that this one was fatal is the principal inducement to my reporting it. Reynolds in his "System of Medicine" says in regard to prognosis in epilepsy, "The danger to life is very remote, and need scarcely be entertained." And again, further on, "I have never yet known a case in which an attack proved fatal." This is certainly widely at variance with my own experience, and were it not that I treated the case with all the intelligence I could after reading carefully all that both Reynolds and Niemeyer have said in regard to treatment, I should feel that I must have done some terrible blundering. As it is I feel that with the knowledge of the case which I had at the time, I did all that I could. With the knowledge, however, of the effect of my treatment, and of the course pursued by Dr. S. in his previous attack, and other points in the case which I have since learned, I would pursue a different course in some respects, though I do not know that it would be any more successful.

Almost every physician, no doubt, knows that while the bromides will cure in certain cases they utterly fail in others. In this case bromide of potassium had been tried before I saw him, but without success. He was apparently well nourished and did not seem to suffer much physically, and no more mentally than might be expected from the knowledge of his condition.

Would not a few papers from some of our brothers on this terrible disease and its treatment be in order?

Craniotomy.

BY A. G. CRAIG, M. D. VEVAY, IND.

Dr. Augustus Kaiser, of Detroit, Mich., in a recent number of the MICHIGAN MEDICAL NEWS reports a case of craniotomy in which he used a common pocket knife instead of a pierce-crane, not from choice, but from necessity. I have performed the operation several times, and have always used a pocket knife for a perforator, because I consider it safe, and, therefore, preferable to the pierce-crane. The blade should have a point like that of a bowie-knife, and should be well wrapped, except a half inch at the sharp end. Pass the point through a fontanelle if one can be reached, if not by a boring motion any part of the cranium can be pierced. Then withdraw the knife, and break off pieces of the cranium with a pair of small forceps,—tooth forceps will answer when nothing better is at hand. Now introduce a sound through the opening, and by turning it around several times, the brain is completely broken up. Now withdraw it and introduce the nozzle of a Davidson's syringe through the opening, and inject warm water freely until the brain is thoroughly washed out. In most cases, even where there is considerable contraction of the pelvis, the forceps can then be applied and the head delivered. Or, if thought best, the guard-crotchet can be resorted to. I have always adopted this method in these cases, and all my patients have made a good recovery.

The Magnifying Lens as a Diagnostic Agent.

BY LUIGI G. DOANE, M. D., NEW YORK.

I have recently been using the magnifying glass as an aid to diagnosis of skin diseases, and I find it materially assists me in doubtful cases. I give the idea to the medical profession in hope that they will try it and give their news to your journal for publication.

It brings out the eruption in such a manner that mistakes in diagnosis are almost impossible. Several medical gentlemen are using it here in New York and speak well of it.

Selections.

HYOSCYAMINE, COCCULUS INDICUS, CITRATE OF CAFFEINE, CODEIA, DRIED BULLOCK'S BLOOD.—Dr. Henry M. Hurd, Superintendent of the Eastern Michigan Asylum for the Insane, gives, in the biennial report of that institution, the following interesting conclusions concerning certain new drugs he has had under trial:

HYOSCYAMINE (the amorphous preparation of Merck) has been used quite extensively, and the results of its administration have been satisfactory. It is an active remedy and with few exceptions its introduction into the system is followed by marked and constant physiological symptoms. It is a hypnotic of considerable power, and usually causes a more or less prolonged sleep, although in a small percentage of persons it acts as an intoxicant and increases pre-existing mental excitement. Its effects usually disappear in from six to twenty-four hours, but a certain degree of mental and physical prostration may remain for several days. *Hyoscyamine* differs in its action in several respects from *hyoscyamus*. It acts more vigorously upon the muscular apparatus and cerebral centers and rarely irritates the stomach or bowels; in some patients indeed it improves the appetite and the assimilative functions. It also paralyzes motility to a much greater extent, producing frequently a "staggering" gait, and sometimes an inability to stand. The sphygmograph demonstrates at first increased blood pressure, but later, as the hypnotic stage supervenes, a diminution of blood pressure, and if the dose has been large, irregular ventricular contractions. In some patients a tolerance of the drug is soon established, and increasing doses are required to produce constant results. The first few doses, also, seem to modify morbid mental action to a much greater degree than subsequent ones. It has been observed, too, that unless beneficial results were soon obtained in excited patients, it was useless to continue its administration. No cumulative effects or serious symptoms have followed its continuous administration. It does not seem to possess any marked diuretic action, and signally failed to relieve one case of cardiac dropsy in which it was administered. In the experience of this Institution, acute mania, characterized by great mental and muscular activity, sleeplessness, flushed face and contracted pupils, ceaseless and incoherent talking, with complete loss of self-control, is often wonderfully benefited by it. After a few full doses—sometimes not more than one-tenth or one-twelfth of a grain—the patient becomes quiet and his conversation more coherent. He asks and answers questions correctly, appreciates his surroundings, takes food well and often begins to recover. That *hyoscyamine* removes an "insane condition" when other drugs fail, there can be no doubt. The suggestion of Dr. Lawson that "the succussion produced in a mind already muddled with delusions and hallucinations, by the antagonism of new forms of mental abberation, together with the subsequent deep and prolonged sleep produced by *hyoscyamine*, might tend to leave the mental state more composed, after the artificially produced delusions and hallucinations had passed away," seems fully confirmed. It has been found particularly useful in modifying and cutting short attacks of recurrent mania. These outbursts are often accompanied by a high grade of excitement and not infrequently by destructive and dangerous impulses. *Hyoscyamine* does not change the periodicity of these attacks, but controls them as no other sedative can. One patient, who becomes furiously excited at regular intervals, is usually completely relieved by a single large dose. Many times, the mental action is completely changed by its use, and the patient, from being noisy, irritable, mischievous and vicious, becomes quiet, pleasant, industrious and orderly in his deportment. In the majority of cases of chronic mania its effects are transient, securing a few hours of composure only; in a few persons suffering from this form of disease, however, permanent improvement follows its prolonged administration. In two cases of this class it increased greatly the existing mental disturbance, and its use was discontinued. It benefits many cases of confirmed melancholia, who have strong religious delusions in reference to eating, and believe that serious harm will result to them directly or indirectly in case they take food. These patients have no fear of poison, and often feel a necessity for food, but have not sufficient will power to overcome the delusion and to enforce an appetite. Not infrequently they require to be fed mechanically for weeks and months.

Hyoscyamine given continuously in small doses has, in more than half these cases, relieved the distressing delusions. One patient who had been fed with the nasal tube twice daily for nearly a year, after taking the medicine four weeks commenced taking food naturally, and has since gained very rapidly—not only in physical but in mental tone. In a case of acute melancholia with intense apprehensiveness and delusions of poison, absolute refusal of food, extreme untidiness and great restlessness, *hyoscyamine* was of no service, but the patient was much benefited by codeia, quinine and injections of dried bullock's blood. The furious attacks of excitement which sometimes occur in the course of general paresis are better controlled by a combinaiion of *hyoscyamine* and chloral hydrat. Paretics do not endure its continuous administration well, and there is apt to be a rapid falling off in bodily weight, with a hot, dry skin, loss of appetite, accelerated pulse, heightened temperature and much prostration of the physical powers. When given regularly, it seems to act as a tonic to the appetite, just so far as it allays cerebral irritability and establishes mental equilibrium. In such instances there is a corresponding improvement in the power of the patient to take and assimilate nourishment, but on the other hand, if the excitement is not modified, no beneficial effect is produced upon the general health, or the patient may lose in physical condition.

COCCULUS INDICUS has been used in the treatment of quite a number of cases of confirmed epilepsy. The preparation used is the fluid extract, manufactured by Stearns, of Detroit, of which the commencing dose is one-fourth of a drop. This has been carefully increased week by week, and in no instance has a larger quantity than three-fourths of a drop been given three times each day. The remedy undoubtedly possesses marked restraining power over the disease, and its effect has almost invariably been to reduce the number and severity of the convulsive seizures. Unlike the bromides of sodium, potassium or ammonium, its persistent use does not impair the intellectual faculties, but rather stimulates and increases mental action. In one case, where seizures had occurred daily they were postponed for a considerable interval, and when they recurred, although the series of convulsions was severe, they were of brief duration and were followed as before by an interval of complete immunity. In another case, epileptic mania has seemingly been averted by its persistent use. Previous to its administration, outbreaks of maniacal fury occurred with great regularity at intervals of four or six weeks. Under its use, though twice threatened with excitement at the regular time for the outbreak, the patient has thus far avoided it, and from being an irritable, dangerous man, has become quiet, pleasant and industrious. The remedy has not been used long enough to enable observation to be made as to the class of epileptics likely to receive permanent benefit from it. Thus far it has seemed most beneficial to persons in good bodily health whose convulsive seizures were accompanied by attacks of maniacal excitement.

CITRATE OF CAFFEINE has proven itself serviceable in cases of melancholia characterized by vasomotor disturbances, anæmic headaches, emotional distress, and active delusions of apprehension and distrust. It increases the appetite, promotes digestion, stimulates the action of the heart and increases arterial tension. It consequently acts as a cerebral stimulant and increases the blood supply by equalizing the circulation. It is necessary to administer it for a considerable space of time before decided benefit results. It has been peculiarly efficacious in relieving the persistent headaches which accompany many of the forms of nervous prostration. In one case of aortic insufficiency, and in another of fatty degeneration of the heart, it has been found a valuable tonic to the heart's action. The latter case was also complicated by extensive anasarca of the feet and limbs, and in this instance the remedy acted very effectually as a diuretic.

CODEIA has also been used in cases of melancholia as a substitute for morphia. It seems equally stimulating to the intellectual centers, and its use is not followed by loss of appetite, constipation or derangement of secretions. It has been found efficacious in those patients who are very restless, in consequence of active delusions of apprehension or who refuse food. It brings a relief from the painful mental impressions and produces a sense of well-being which acts very favorably upon the appetite and the physical health.

DRIED BULLOCK'S BLOOD.—In two instances this preparation has been found excellently adapted to rectal alimentation. In one case of cancer of the stomach it served to sustain the strength of the patient and to relieve his terrible restlessness after all attempts to introduce nourishment by the stomach had failed. In the other cases, where there was extreme debility, great restlessness, persistent refusal of food and extensive bed-sores, the regular administration of this preparation by the rectum undoubtedly contributed much to the patient's rapid restoration to health.

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THE OIL OF ERGOT.—The next remedial agent that I shall refer to, came under my observation in the following curious manner. Eight or nine months since, while conversing and examining with Dr. Wolff, of Philadelphia, in his laboratory, some *medicated soaps* and *oleates*, I was attracted to an *oily* liquid that stood on one of his tables, and upon inquiry I was informed that it was a refuse material known as oil of ergot. Dr. Wolff at the same time offered to send some of this oil to the dispensary, and added that I might find it useful in some skin affections. The preparation was accordingly sent, and after using it for some months I was agreeably surprised to find most decided benefit in its use for a number of cutaneous diseases. Since using the oil of ergot, I have carefully searched the various therapeutic works and the different journals, and have failed to find any one who has previously made any observation upon its external use.

The oil of ergot has long been known as one of the principal ingredients of the ergot. As found in the laboratory of the chemist, it is the waste material that has been left after preparing the various ergot preparations. If specially prepared, it can be made by the addition of benzine to ergot by the process of displacement, and afterwards allowing the benzine to slowly evaporate. When obtained from recently collected grains, it has a reddish-brown color, and about thirty-five parts of it are present in every hundred parts of ergot. It is a moderately thick, non-drying, fixed oil, and contains resin, cholesterin, and lactic acid. It has a slight odor of herring pickle, an acrid taste, and is soluble in both alcohol and alkaline solutions. As a local remedy, this refuse oil is much cheaper than any of the other oils and fats, and contains, in addition to its fixed oil, other ingredients that make it a most important therapeutic agent. When applied to the skin, it has a protective, soothing, and astringent action, and by its absorption frequently assists in nourishing the diseased part.

Excellent results can be obtained by using the oil of ergot in the acute variety of eczema. Particularly is it valuable in that form in which the part is hot, tumefied, and covered with small vesicles, some of which have burst, and the fluid coming in contact with the surrounding parts has caused considerable irritation. If the oil of ergot is painted over the surface in such a condition, it will exclude the air, allay the itching, constringe the engorged capillaries, moderate the weeping of the part, and prevent the formation of crusts upon the diseased surface. It is a most useful application in eczema of the lips, in which the surface is tumefied and fissured, and readily bleeds upon the slightest movement of the parts. It is also efficacious in cracked nipples. Pieces of cotton saturated with oil of ergot, and placed over the lips or the nipples for a short time each evening before retiring, generally arrest the diseased state. The oil of ergot is a most important remedy in herpes of the genitals. Applied either with a brush or a piece of cotton in this affection, it allays the red, swollen smarting, and burning sensation of the parts by its soothing and astringent action.

Few remedies are so efficacious as oil of ergot in checking the formation of scales in seborrhœa of the scalp and other hairy parts of the body. If there be an accumulation of scales and sebum upon the scalp, and the hairs be parted down to its surface, the free use of this oil will bring about the most happy results. In a number of cases I have witnessed the efficacy of this remedy used in the following manner: I direct the patient at night-time, just before retiring, to pour a quantity of the oil of ergot upon the scalp, and to rub it in thoroughly until all the masses of sebum become soft and loose, and the surface is saturated with the oil. The head should then be protected by either an *oiled silk*, muslin or flannel cap, or a bandage, in order to prevent the oil from soaking through and soiling the bed linen. In the morning the dressing should be removed, the scalp covered with a copious lather of soap, and afterwards washed out with warm water, so as to get rid of all the loose masses of sebum. The patient should next dry carefully the surface with towels, and again rub into the scalp a small quantity of the oil of ergot, as a hair oil. This preparation is to be preferred for this purpose to either olive, almond, or any of the bland oils, both for its cheapness and its medicinal activity upon the diseased state of the scalp. It not only overcomes mechanically the condition of the parts, but likewise arrests by its soothing and astringent action the dry and lustreless state of the hairs and the deadened appearance of the scalp. This twofold purpose that the oil of ergot fulfils, makes it superior to all other medicinal preparations that are used for seborrhœa sicca at the present time. In using the oil ergot for seborrhœa sicca of the scalp where a stimulating action was indicated, I have sometimes added one or two ounces of alcohol to three or four ounces of oil of ergot, and applied it in the same manner over the surface with the most beneficial results.

The effect of the oil of ergot in seborrhœa of the genitals of both sexes is just as conspicuous. It should, however, when used in this part of the economy be penciled over the surface, or applied with a piece of cotton, on account of the delicate condition of the mucous membrane of the parts. If used in the above manner, it will soften up the whitish cheesy masses which collect about these parts, check decomposition and bad odor, and arrest all red, hot, and irritable conditions of the surface.

Oil of ergot is also of great service as a local application in erysipelas. Brushing frequently the surface in this disease with oil of ergot relieves, by its soothing and astringent action, the tender and hot sensation, and causes the puffy, dry, and glazed appearance to abate.

In rosacea, or an enlargement of the bloodvessels and tissue of the face, after making punctures over the patches with a needle knife, and allowing the surface to bleed freely, the application of the oil of ergot will sooth the part, constringe the bloodvessels, and thus modify very much the diseased action.

Before concluding these remarks upon oil of ergot I should add that I have found it equally efficacious in various affections of the mucous membrane. In catarrh of the nasal passages, I have saturated a piece of cotton with the oil of ergot, and applied it by means of a probang, with the most beneficial results.

Applied with a piece of cotton in ulceration of the cervix uteri, the oil of ergot has acted with great promptness. In gleet, I have had some marked cures from its use by passing a catheter and injecting the oil far back in the *uretha*. In both leucorrhœa and gonorrhœa I have used from two drachms to one ounce of the oil of ergot, made into a six ounce emulsion, and had it injected night and morning, in a number of cases with marked success.

I have, in concluding this paper, simply mentioned the local use of the oil of ergot in other affections of the mucous membrane not properly belonging to the title of my paper. I hope, however, before long to hear from some of my professional brethren further concerning the local use of this valuable preparation, that has, previous to my observation, been cast aside as refuse material.—Dr. John V. Shoemaker in *Transactions Pennsylvania State Medical Society.*

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Angina Pectoris.—Prof. Potain, in a clinical lecture (*Gaz des Hop*) observed that he believsd that three forms of this affection can be distinctly recognized, all characterized by agonizing substernal pain, propagated in the paroxysmal form to the upper extremities. It differs from ordinary dyspnœa, as there is no oppression (properly so-called), but a kind of constriction of the parietes of the thorax.

1. The first form, symptomatic of a lesion of the coronary arteries, may be regarded as terminating finally in death. The lesions may vary somewhat, but Prof. Potain agrees with Jenner that they usually consist in obstruction of the coronaries. In thirty-six cases lesion of the coronary arteries was observed. The mere existence of atheroma will not explain the occurrence of angina, unless actual narrowing of the vessels be also present. The symptoms of this form present special characters. The paroxysm supervenes on difficult digestion or on movements made during digestion, but is never declared while the patient is in a state of repose. It is also accompanied by radiations of pain along one or both of the upper extremities, and especially the left.

2. The second form differs completely from the first, inasmuch as it is not connected with any lesion of the coronary arteries, but assumes the characteristics of a true neurosis. It is met with either in the subjects of rheumatism or in nervous persons; is of much less importance than the other form; and occurs oftener in private than in hospital practice. It comes on under the influence of cold and damp. Thus, a young woman, who, after having been heated in dancing, had exposed her uncovered neck to an open window, was seized during the night with a fearful paroxysm of sternal constriction with irradiation of the pain down to her left hand, which after lasting for some hours, disappeared to recur nightly for more than a week. The paroxysms were then separated by longer intervals until they entirely disappeared, leaving no trace behind. No

cardiac or other appreciable lesion had preceded the attack. In this case the paroxysms did not arise under the influence of movements, but came on spontaneously during the night, "at what I may term the time of false croup." Moreover their duration was longer, as they persisted one or two hours, and even sometimes longer; the patient in the intervals enjoying perfect health, being able to ascend or run with the greatest facility. On the other hand in symptomatic angina, when the fit is off, the patient is still unable to ascend the slightest acclivity, while the paroxysm never comes on when he is in a state of repose, and scarcely lasts for some minutes. In this second, rheumatismal or nervous, Prof. Potain has never met with a fatal case, so that the prognosis is entirely different. So is its etiology; for while symptomatic angina is especially met with in men of a certain age, and in gouty subjects, this second form particularly appears in young and nervous women.

3. In the third form while the accidents are the same the circumstances are quite different, the origin and true cause of the disease being generally found in an affection of the heart of an old date. This is a dilatation of the organ, whether it be the result of chronic disease of the lungs (sclerosis, emphysema, etc.), primary gastric disturbance, or a pulmonary affection complicated with gastric disturbance. The patient is seized after a meal, and especially if this meal has been followed by rapid walking, with a deep-seated sense of anguish and oppression and suffocation, without true dyspnœa. The pain, which is sometimes substernal, is much oftener seated in the cardiac region itself (pain in the heart as it is called), and is accompanied by a feeling of plentitude and not of constriction, and by a numbness which often irradiates along the left upper extremity. Although no statistics on the subject exists, this form would seem to be of more frequent occurrence than the second, and perhaps even than the first. While the prognosis, however, of the first is fatal, and that of the second is generally favorable, the symptoms of this third form are mere epiphenomenon, which of itself does not constitute the true danger.

In the matter of the first form of the affection there is unfortunately little to be done, especially during the paroxysm, the short duration of which hardly allows of intervention. If, however, it is at all prolonged morphia injections may be useful. In the intervals Prof. Potain has derived benefit from the iodide of potassium, which exerts a favorable influence on chronic arteritis; and arsenic or the bromides may be recommended on account of their action on the nervous system. The second form requires quite a different treatment. During the paroxysms, external derivatives (blisters and sinapisms) and antispasmodics (camphor, assafetida, and ether) should be resorted to; and in the intervals vapor or sulphurous baths, tonics, chalybeates, country air, etc. In the third form the treatment must vary according to whether the disease result from gastric disturbance or some pulmonary lesion. But, in any case, one of the most immediate indications is absolute repose—and that more absolute perhaps than in this first form, if a cure of the affection is to be sought for.—*American Practitioner*..

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Aconite in Tonsillitis.—Dr. John L. Washington (*St. Louis Courier of Medicine*, 1880, p. 436) says, "I have repeatedly verified what Professor Ringer says respecting the effects of aconite in acute tonsillitis, so that I consider it almost a specific. I give to an adult five drops of the tincture of aconite root at once in a little water, and one-fourth as much every twenty minutes afterwards, until the pulse is reduced to ninety and profuse diaphoresis is produced, Then a similar dose is continued hourly. I give a purgative dose of calomel, unless the bowels are loose, in which case, if the tongue is foul, I give a few half-grain doses instead. Hot poultices are applied to both sides of the throat immediately; and, if the patient is willing to pay me for another visit on the next day, if I find pain and swelling still present, which is usually due to neglect of directions, I paint the tonsils and parts surrounding with a solution of nitrate of silver, thirty grains to the ounce, and give him crystals of chlorate of potassa to dissolve in the mouth, to be afterwards swallowed; also, five drops of the tincture of belladonna and two drops of tincture of aconite root every two hours, a combination strongly recommended by both Bartholow and Ringer. In the case of a young man eighteen years of age, whose throat was almost completely closed from the enormous swelling of both tonsils in an acute attack, causing an extreme degree of dyspnœa, and death by suffocation to appear imminent, by means of ten drops of the tincture of aconite root placed on his tongue, and a hot poultice to each side of his throat externally, I have completely relieved the urgent symptoms in thirty minutes, causing very profuse perspiration with a grateful sense of comfortable relaxation. I order patients always to remain in bed until several hours of free action of the skin have passed. I have given aconite to pale, thin children, with moderately weak pulse, and have always found one-half to two drop doses in the beginning of the attack, repeated every fifteen or twenty minutes, to bring about copious sweating and speedy diminution of the swelling, and have never seen any unpleasant symptoms from its use in this manner. If the patient has been, on account of painful or perhaps impossible deglutition, ten or twelve hours without proper nourishment, I order an enema of beef-essence."

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A New Remedy in Diphtheria.—Dr. George Guttmann, of Cronstadt, says, "Knowledge of the physiological action of pilocarpin and of its effects upon bronchial catarrh, giving rise to moist rales, led me to believe that, administered in diphtheria, it might lessen the diphtheritic membrane through the induced abundant salivary secretions, while it would not excife any inflammatory condition. The result of the proposed treatment was above all expectation brilliant and striking. In six cases pilocarpin was administered with cure of the patients in two to four days. In addition, the usual general treatment was followed: quinine, tannin locally, gargles of limewater, and pepsin. The patients recovered in from two to four days.

"Led by these results, I prescribed pilocarpin in violent pharyngeal cases, angina aphthosa and tonsillaris, always with most happy results, the disease yielding in a short time. In two cases of violent tonsillitis, in which the tonsils were so swollen that water could be taken only with great difficulty, and scarification was positively indicated, not only did the swelling disappear, but the entire group of inflammatory symptoms, the one in twenty-four hours and the other in thirty-six.

"In the few cases of membranous croup that have fallen into my hands during the past fifteen months, pilocarpin has proved a faithful ally, and I believe it will prove as effective as in diphtheria of the fauces.

"Two cases of laryngitis stridulus yielded promptly to the same drug, which is safer and more convenient than the usually prescribed emetic."

The formulæ employed by Dr. Guttmann are as follows:

℞ Pilocarpin. muriat.,..........gr. ⅛—⅜
Pepsin,..................gr. x *ad* xxii
Acidi hydrochlor.,..............gtt. ii
Aquæ dest.,.................... ℥ viii

M. Sig.—A teaspoonful hourly for children.

For adults:

℞ Pilocarpin. muriat...........gr. ½—¾
Pepsin.,.....................gr. xxx
Acidi hydrochlor.,.............gtt. iii
Aquæ dest.,.................... ℥ viii

S.—Hourly, a tablespoonful.

He has never observed any undesirable effects of the drug even when it has been continued until complete recovery, possibly because a small amount of generous wine is given after each dose.—*Berlin. Klin. Woch.*, October 4, 1880; *St. Louis Courier of Medicine*, November, 1880.

Formulary.

Removal of Spots, Stains, Etc.—The following are extracted from a German journal:

Matter adhering Mechanically.—Beating, bruising and currents of water, either on the upper or under side.

Gum, Sugar, Jelly, etc.—Simply washing with water at a hand heat.

Grease.—White goods, wash with soap or alkaline lyes. Colored cottons, wash with French chalk or fuller's earth, and dissolve away with benzine or ether.

Oil Colors, Varnish and Resins.—On white or colored linens, cottons or woollens, use rectified oil of turpentine, alcohol lye and their soap. On silks, use benzine, ether and mild soap, very cautiously.

Stearin.—In all cases, strong, pure alcohol.

Vegetable Colors, Fruit, Red Wine and Red Ink.—On white goods, sulphur fumes or chlorine water. Colored cottons and woollens, wash with lukewarm soap lye or ammonia. Silk the same, but more cautiously.

Alizarian Inks.—White goods, tartaric acid, the more concentrated the older are the spots. On colored cottons and woollens and on silks, dilute tartaric acid is applied cautiously.

Blood and Albuminoid Matters.—Steeping in lukewarm water. If pepsin or the juice of Carica papaya can be procured, the spots are first softened with lukewarm water, and then either of these substances are applied.

Iron Spots and Black Ink.—White goods, hot oxalic acid, dilute muriatic acid, with little fragments of tin. On fast dyed cottons and woollens, citric acid is cautiously and repeatedly applied. Silks, impossible.

Lime and Alkalies.—White goods, simple washing. Colored cottons, woollens and silks are moistened, and very dilute citric acid is applied with the finger end.

Acids, Vinegar, Sour Wine, Must, Sour Fruits.—White goods, simple washing, followed up by chlorine water if a fruit color accompanies the acid. Colored cottons, woollens and silks are very carefully moistened with dilute ammonia, with the finger end. [In case of delicate colors, it will be found preferable to make some prepared chalk into a thin paste, with water, and apply it to the spots.]

Tanning from Chestnuts, Green Walnuts, etc., or Leather.—White goods, hot chlorine water and concentrated tartaric acid. Colored cottons, woollens and silks, apply dilute chlorine water cautiously to the spot, washing it away, and re-applying it several times.

Tar, Cart Wheel Grease, Mixtures of Fat, Rosin and Acetic Acid.—On white goods, soap and oil of turpentine, alternating with streams of water. Colored cottons and woollens, rub in with lard, let lie, soap, let lie again, and treat alternately with oil of turpentine and water. Silks the same, more carefully, using benzine instead of the oil of turpentine.

Scorching.—White goods, rub well with linen rags dipped in chlorine water. Colored cottons, redye if possible, or in woollen raise a fresh surface. Silks, no remedy.—*So. Med. Record.*

For Painful Hemorrhoids.—

℞. Extract of Belladonna....... ʒ ij
Iodoform .... ʒ j
Acetate of lead............. ʒ ss
Vaseline.................... ℥ j.

M.

S. Apply three or four times daily.

The above will be found a most excellent application for painful or inflamed piles. The tumors should be bathed in cold water just before each application, and the bowels kept freely open with a gentle purgative.—*Med. Herald.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

More Money.

As long as doctors are equally human in their requirements with the other members of the great family, so long will there be no difference between them and the rest in their desire for the means (money), through which alone these requirements can be satisfied. Notwithstanding their devotion to the humane profession, doctors and their families have stomachs which require food and which like dainties; they also have bodies for which raiment must be provided, bodies, too, which are not insensible to the decorations of the tailor's and milliner's art. And again, doctors grow old, and inasmuch as the people, who, like republics, are notoriously ungrateful, have made no provision for the aged of those who have devoted their youth and wasted their energy pro bono publico, it behooves us to make such provision for ourselves against the time when either body or mind, and perhaps both, are unequal to the demands which suffering humanity make on them. To do all these things it is necessary to "put money in thy purse."

Recent articles in some of our exchanges, and by no means infrequent expressions of individual doctors, make it evident that the worthy laborers in the medical vineyard are not satisfied with their hire. They look abroad into other avenues and behold talents not to be compared with theirs, either in natural or acquired value, yielding rich returns, while theirs brings, in perhaps the majority of instances, only a precarious livelihood. How natural for them under the circumstances, to paraphrase the ancient psalmist's complaint at the success of the wicked! There is much reason in this complaint, and yet there are to this question, as to all others, two sides. It is not a very pleasing thing to have one's conceit exposed, but most people have conceits, and unless they either discover them or have them pointed out, the chances of their betterment are not encouraging. A lay writer in the Louisville *Medical News* gives us another side to the question under consideration from that which it usually presents to us, and he does it so patly that we reproduce a portion of his communication:

"To cut off the number of doctors, and thereby establish a monopoly of what political economists would call the "wage fund," would be a good thing for those upon the ground-floor. It reduces the question of wealth to a simple question of division. But there is a fancy among those who hire doctors that the crowd of youngsters at the bottom, struggling for survival, and trying to edge along toward the top, keep the old top sawyers up to their work. The commercial basis to which some of your correspondents aspire frequently resorts to the inviting formula of a large and varied assortment from which selection may be made. It is not a bad thing to have a large and varied assortment of medicine men. Out of the great mass of young doctors only the fittest survive, and the wider the range and the more numerous the contestants the more likely will it be that the survivors are the very fittest.

Some of you estimate the profits of the profession by bunching all the doctors, throwing all the money into pot, and dividing it out per capita. Now if we take all the railroad men in the country, including Jay Gould and all the kings and princes, and make an average per capita of annual receipts, we could not find any one with the income of a conductor.

I hear of doctors who make twenty, forty, and sixty thousand dollars a year. The first-named sum is the highest range of salary for personal services in this country. I have been told that physicians in Louisville have made fifteen, twenty, and twenty-two thousand dollars a year. The highest compensation for personal services in any other business here does not go beyond ten thousand dollars. From four thousand to seven thousand five hundred dollars commands the best banking ability in the city.

The compensation of personal service can not be compared with the profits of a merchant. Mr. Stewart gave great attention to the details of his business, but he did not have to handle and inspect every spool of thread or piece of silk that figured in his business. The physician must see and examine and note every patient under his treatment. If he received a thousand dollars for each visit, his ability to earn money would speedily reach its limit, while Mr. Stewart might have bought and sold and realized profits on a practically illimitable quantity of dry goods.

I know many physicians who have comfortable and even luxurious homes, and some who have investments here and there, and all, I believe, who have diplomas have buggies. I know some worthy men who do not seem to make much out of medicine; but I know some other worthy men who do not seem to make much out of merchandise or anything. I know some young doctors who do not seem to have anything to do, and who make nothing; but every day I see more young men just as well equipped for their pursuit, just as intelligent and ambitious of getting along, seeking work and willing to work for anything they can get.

Your young men are taught that it is unprofessionals to charge less for their services than an old, established physician charges for his services. In every branch of business, excepting physic and law, quality is a factor in price. Excepting these, in all the broad range of compensation for personal service, experience and learning and skill go for something. Your arrangement does no harm to those who have the experience and skill, for they fix the prices; but it teaches the young doctor to sham experience and skill; and if his pretense does not take, it deadens his energy, crushes his ambition, and leaves him floating about in the sea of medicine, waiting for chance waifs of practice, and taken into account only when the per capita average of earnings is to be reduced by throwing in all the zeros.

It seems to me doctors book all they earn. If they do not collect all they book their experience is not exceptional. They make as much money as other people who sell their personal services, and I see no reason for their making more money.

A great lawyer once told a young aspirant, who complained that the profession was crowded, that there was plenty of room at the *top*. The most money is there, too, in all kinds of business. It seems to me that some of your correspondents are trying to devise a scheme for putting all the doctors at the top—an obvious impossibility, for it would knock the bottom out of the profession."

The inference from the above very clearly is, that doctors, as a class, are comparatively well paid, the comparison being made with the laborers in non-professional pursuits. The tone of the article is that physicians are not in justice entitled to greater compensation for personal services than are clerks or artisans, and the argument is ingenious. It is one of our conceits, however, that they are. The value of services is, by common consent, regulated by the nature of the work done, its responsibility, etc., rather than by the expenditure of effort. Under this rule the bank president who devotes a couple of hours a day to work of an easy, supervisory nature, but very responsible, withal, receives a five-fold greater computation than the clerk who puts in his long hours of hard labor. Under the same rule the estimate which the physican places on his services will scarcely be thought extravagant by even those who employ him. On the subject of fees, therefore, there is probably little difference of opinion. The injustice of which the doctor complains lies in the extent to which he is obliged to contribute his services gratuitously. The law discriminates against him as regards the collection of his fees. The laborer, "worthy of his hire," has a prior claim on his employer for his wages. Claims for "personal services" in the case of the employe take precedence over all other claims, but in the case of the physician, whom the correspondent quoted above ranks with the employé, there is no such provision. If the physician is to be classed with those who give "personal services," accord him also the privileges of such, and do not force him, as he is now practically forced, to contribute his services so largely without hope of fee or reward.

Miscellany.

John Hunter.—Professor S. D. Gross in his recent address on "John Hunter and his Pupils" gives the following note on the great surgeon's personality:

"In person Hunter was of middle height, but very strong and robust, with a very short neck, broad shoulders, and a broad expansive forehead, denotive of high cerebral developement. His eyes and complexion were light, his brows heavy, his cheeks rather high, and, as one of his biographers expresses it, his mouth was somewhat underhung. His hair, in youth, was inclined to red, but as he advanced in life it became gray, and at length partially white. He possessed great powers of endurance and required little sleep, often working, with hardly any intermission, for nearly twenty hours out of the twenty-four. In his manners he was unostentatious and rather cold and reserved; in his dress plain and simple, and not always particularly neat. He wore, as was then the custom, short breeches, with knee and shoe buckles. His temper was warm and impulsive, and, although he was naturally kind, he often betrayed ill-feeling, especially when any one "galled his patience," or when he was over-crowded with business, unusually fatigued, or entirely occupied upon some interesting and absorbing investigation requiring uncommon patience, deep thought, or persistent effort. At such times his irritability occasionally got the advantage of his judgment and good breeding. It is related of him that, returning late one evening more than ordinarily worried and fatigued, he found a large party of ladies and gentlemen assembled in his drawing-room. Feeling excessively annoyed at this unexpected sight, he gave way to his passion, exclaiming: "I ought to have been informed of this kick-up, and as I have come home to study I hope the company will now retire," which they of course at once did. He had little taste for society or amusement. And yet Hunter, ascetic as he apparently was, was by no means insusceptible of social enjoyment. When not too intently occupied he took pleasure in the conversation of his friends, loved to talk with his pupils, and often played with his children, taking a lively interest in their studies and amusements. Nay more, he was very fond of animals, and not unfrequently spent hours in watching their pranks, and at times even participating in their sports. Such conduct is certainly not, to say the least, reconcilable with the idea of a bad temper, or a cross, ill-grained disposition. On the contrary, it places Hunter in the very best light of a kind-hearted, if not amiable man; snappish at times, when overworked, but, in the main, thoroughly good-natured. In his boyhood, and even for some time after he settled in London, he was a merry, rollicking fellow, inclined to mischief and to gross hilarity, especially in the dissecting-room, in the company of the noisy students and the resurrectionists, among whom he always went by the name of "Jack Hunter." One of his favorite amusements was to visit the shilling gallery to assist his boisterous friends in damning an unpopular play, in which he was, it would seem, an expert. He was a great swearer, a practice by no means uncommon in those days, even in polite society,[*] and he was often deficient in courtesy, so characteristic of the well-bred gentleman. To his patients he was kind and liberal, and not a few were warmly attached to him. Whatever his faults may have been as a young man, in after years he became more sedate, and found it more difficult to unbend himself. Hence people who met with him only casually, or who knew nothing of his habits, naturally concluded that he was austere and unsociable. His sly humor, however, never entirely forsook him. He was always, even in his later days, fond of a good joke and of a well-told anecdote, and he himself occasionally indulged his fancy in placing things in so ludicrous a light as to excite merriment."

◆

Gynæcology in New York and Brooklyn.—Under the above head I find quite a lengthy article in the Boston *Medical and Surgical Journal* for February 10th, the current year. In this article the writer, W. H. Baker, M. D., says that at the College of Physicians and Surgeons (N. Y. City) "the patient is given a chair where she sits with bonnet and shawl on while she is questioned by the lecturer, and the prominent points in the case brought out, * * * and a short clinical discourse on the particular disease or condition of the patient is given." The notice of this college is then concluded as follows: "His (the student's) clinical advantages are necessarily limited, and his opportunities for practical work almost nothing."

In his notice of the gynæcological advantages at Bellevue College, he says: "With the exception, however, of the time when one or another student is asked to examine a case, he has few opportunities to educate the touch. The clinical advantages are given alone to the most advanced students."

In his notice of the same case of clinics at the medical department of the University of New York, he says: "The patient is rolled in upon a table covered, and after reading a short history of the case, the sheet is thrown back and the patient is shown to the class, which at this exercise averages 875 in number. * * * In so large a class very little can, of course, be seen save by the few students beside the operator."

Of the Brooklyn school he concedes: "The facilities at this school are udoubtedly superior to those of any school in this vicinity."

Now in contrast with the pancity of patients presented to the students, and the student's infrequent access to the consulting room, in these noted eastern colleges, please place the facilities of the Michigan College of Medicine.

Here, the class being small, is divided into sections of four or five, and these sections, in rotation, are taken into the consulting room of the professor of gynæcology twice each week. They here learn, by actual contact with the patients, the method of examination and critical diagnosis, and methods of treatment. On consulting the records I find each student, this year, has had the privilege of witnessing, and in many cases making the examination himself, an average of fifteen examinations or treatments. The ordinary diseases, such as endometritis, lacerated cervix, anteflexion, retroflexion and retroversion, prolapsus uteri, procidentia uteri, subinvolution, cystocele, rectocele, labial tumors, lacerated perinæi, fibroid tumors, cancer, syphilis, soft chancres, specific vaginitis, etc., and the applications of the various pessaries the class has seen in abundance.

In the matter of obstetrics, I find from a recent canvass of the senior class, twenty-five being present when the roll was called, that the students, between them, had been present (as a total) at forty-two cases.

"I have no doubt that others of our Western and smaller colleges can give full as favorable a showing when the "roll is called." This should be a complete commentary on the cry of the great clinical advantages of the down east schools; for in this matter, as in that which the young man consulted the late lamented Greeley about, the philosopher's reply would be, as before, "go West, young man, go West."

C. H. L.

◆

A German View of the Qualifications of a Physician.—Sonderegger's "Outpost of Hygiene in the Battle of Existence," contains the following on the qualifications of the physician:

Verily the vocation of the earnest physician has always been difficult, and it will be more difficult still if he devotes his time chiefly to social and humane pursuits. By no means does it suffice to study the structure of the human body and its functions in health and disease, to practice in surgical technology and the pharmaceutical art of prescribing. The physician must penetrate the thousand fold relations of civilized society, in its highest and lowest spheres. He must be conversant with all the intellectual processes and their condition of development, and must have a clear view of the results and limits of natural science. To him belongs the "nihil humani a me alienum" in its fullest comprehension. He must possess not only the eye of an acute searcher, but all his mental powers must be educated in an efficient and harmonious manner, not less in the direction of sensibility than of intellect. This cannot be effected by many years of university study. His physiological schooling must begin much earlier and must continue much later. On earth there is no object of study greater and more beautiful than man. He is the most difficult and the most sublime subject for thought and work. You must bring to your task a clear eye and sharp ear; acuteness of observation and patience for infinite study; an unclouded brain and an iron will strengthened in difficulty and embarrassment, but a warm, moving heart, which takes cognizance of all sorrow and sympathizes with it, religious conviction and moral stamina which resist the seductions of sensuality, money and honors. Besides, you must have a respectable exterior; you must be polished in conversation; dexterous with the hands; possessed of health of body and soul. All this you must be if you would avoid misfortune and failure as a physician. You must carry the camel's burthen of knowledge and preserve the freshness of the poet. You must weigh all the tricks of charlatanism and in the midst of temptation remain an honest man. Remember that on your calling depends everything; it must be your religion and your politics, in fortune and misfortune. Therefore advise no one to be a physician. If he persist in his determination, persist in dissuading him. If he still persevere, then give him your blessing, and if he is worth anything he can put it to use.—*Pacific Medical and Surgical Journal.*

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[*] The habit is perhaps not entirely extinct, even at the present day, in certain parts of England. We have the authority of Macaulay for saying that Wellington invented the expression, "I don't care one two-penny damn;" a small oath, adds the historian, altogether disproportionate to the duke's greatness. Life and Letters, by Trevelyan, vol. ii. p. [illegible].

◆

MEDICINE AND DIVINITY.—Dr. Oliver Wendell Holmes in the February number of the *North American Review* touches on the relations of the physician and clergyman in his usual happy vein:

"No two professions should come into such intimate and cordial relations as those to which belong the healers of the body and the healers of the mind. There can be no more fatal mistake than that which brings them into hostile attitudes with reference to each other, both having in view the welfare of their fellow creatures. There are patients who never tell their physicians the grief which lies at the bottom of their ailments, whom a wise and experienced clergyman will surprise into a confession which is a more potent anodyne than all the drowsy syrups of the East. And on the other hand there are many nervous and over-sensitive natures whose best confessor would be a sagacious and wholesome minded physician. It does not seem as if any theological student was really prepared for his practical duties until he had learned something of the effects of bodily derangements, and, above all had become familiar with the gamut of mental discord in the wards of an insane asylum.

"It is a very thoughtless thing to say that the physician stands to the divine in the same light as the divine stands to the physician, so far as each may attempt to handle subjects belonging especially to the other profession. Many physicians know a great deal more about religious matters than they do about medicine. They have read the bible ten times as much as they have read any medical author. They often hear much better preaching than the average minister, for he hears himself chiefly, and they hear abler men and a variety of them.

"The professions should be cordial allies, but the church going, Bible reading physician ought to know a great deal more of theology than the clergyman can be expected to know of medicine. To say, as has been said not long since, that a young divinity student is as competent to deal with the latter as an old physician is to meddle with the former, suggests the idea that wisdom is not an heirloom in the family of the one who says it."

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INEBRIATES IN ASYLUMS.—The question of the proper dealing with the chronic inebriate is one of the most important and perplexing in social science. For the consideration of those who are now besieging our legislature for the establishment of an Inebriate Asylum we submit the following from the *British Medical Journal*; it will help them to an insight into the nature of the class for whom they are interesting themselves:

Dr. Skae says of inebriates under his treatment in the asylums: These patients will rarely work of their own accord—they are not working men, to begin with—and they object to do anything inconsistent with their dignity as habitual drunkards, or that might reduce *them to the level of ordinary lunatics, who are generally industrious.* Even when their maintenance is paid for their presence in the asylum has, Dr. Skae declares, an injurious influence on all around them. They spend all their time in amusements or grumbling; and with that hypertrophy of self-esteem which often accompanies an atrophy of moral character, give superior airs, which are offensive to their insane companions, whom they demoralize by setting them an example of idleness, and in other ways. But in the case of those habitual drunkards who pay nothing and who are mere broadcloth paupers, this lordly indolence is peculiarly obnoxious to the other patients and to the officers of the asylum.

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JONATHAN HUTCHINSON.—The *Canadian Jaurnal's* London correspondent says:

It is generally acknowledged that Mr. Jonathan Hutchinson is "the best all-round man" in London, as the saying goes. His manner of speaking is very quiet, but his views are expressed with great clearness and conciseness; at the same time there is the greatest candor, and no evidence of professional pride or obtrusive egoism. Both his style and manner—in fact, the entire demeanor of the man—is a rebuke to the self-important, dogmatic, assertive class of medical practitioners. He is not ashamed to say before a class of medical students, "I do not know exactly what is the state of matters in this case." Mr. Hutchinson most explictlly believes that *erysipelas is not a specific fever.* His definition of erysipelas is, "An inflammation characterized by pitting and vesication with a definite outline, which has a strong tendency to shift its position." It is contagious, and arises *de novo.* He condemns local treatment by poultices, and prefers lead and spirit lotion. He lays great stress upon the statement that erysipelas has *no period of incubation.* Mr. Hutchinson's views on transverse fracture of the patella are at variance with the common teaching on this subject. They may be summarized thus: The greatest danger is from separation of the fragments by *effusion*. "There is no spasm of the quadriceps extensor." There is no special advantage in bony union, provided the fibrous or semi-osseous union be firm, as it generally is. The treatment is to be directed specially to getting rid of the effusion.

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RISORIUS SANTORINI.—[The Risorius of Santorini consists of a narrow bundle of fibres, which arises in the fascia over the masseter muscle, and passing horizontally forwards, is inserted into the angles of the mouth joining with the fibres of the depressed anguli oris. It is placed superficial to the Platysma, and is broadest at its outer extremity. This muscle varies much in size and form.—*Gray's Anatomy.*]

Risorius Santorini, thee I sing;
Close to the corners of the mouth they cling;
And honest laughter with its cheery ring,
And scornful sneers, with angry, caustic sting,
By thy quick action into being spring.
All kinds of laughter into life you bring,
Light as the dew upon the hum-bird's wing,
Strong as the threefold cord, quick as a flash,
Soft as the breath of music, loud as orchestral
crash;
Tender as love, harsh as the breath af hate;
Sad with despair, with brightest hope elate;
Melting with pity, cruel with fiendish scorn;
Darker than midnight; lovelier than the morn;
Wreathing an angel's prayer; blighted with sin;
Whispering peace; mocking with angry din;
Curved in a blessing; curled in hateful curse;
Making good better, making evil worse;
Golden with wisdom; lighter than empty chaff:
Risorius Santorini, stand up and laugh!
—[*Medical Bulletin* from *Burlington Hawkeye.*

◆

THE CALF OF THE LEG,—WHY SO CALLED.—The Cincinnati *Lancet and Clinic* gives the following from Wedgewood's Dictionary of English Etymology on the origin of the term calf as it applies to the leg: Old Norse, Icelandic, *kalfi;* Swedish, *ben kalf;* Gælic, *calpa*, *calba*, or *colpa na coise*, the calf of the leg. The primary meaning of the word seems simply a lump.

Calp is riadt, principal and interest, the lump and the increase. It is another form of the English "*collop*," a lump or large piece, especially of something soft. The calf of the leg is the collop of flesh belonging to that member.

The Latin analogue is *pulpa*, *pulpa cruris*, the fleshy part of the leg; *pulpa ligni*, (Dutch *kalf van hout*), the pith or soft part of wood.

Danish dialect, *kall*, calf of leg, marrow, pith.

◆

La France Medicale in an article giving the history of medical journalism mentions as among "the prinicipal reviews and archives" of to-day those of "Cincinnati, Indiana and New York." The Cincinnati *Lancet and Clinic* with native and becoming modesty, intimates that as far as the journals of its city are concerned, the honor is undeserved. Indiana and New York are yet to be heard from, although we scarcely look for such modesty from those quarters. But is one such modest journal as the *Lancet and Clinic* all we can hope for?

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The contents of the *North American Review* for March must win the attention of all by the timeliness of the topics discussed. First, we have a thoughtful and moderate article by Bishop Coxe on "Theology in the Public Schools." The author would sternly exclude from the schoolroom all sectarian dogmas, whether Papist or Protestant, but he insists on the retention of the Bible, first because that book is the principal fountain of our English speech, and secondly because it is really the base of our social system. The second article is by Captain Eads, who endeavors to show the practicability of his ship-railway, its advantages over all canal schemes, and why the United States can without risk guarantee the payment of six per cent. interest on $50,000,000 of the capital stock of the proposed company. The other articles are the "Effects of Negro Suffrage," by Judge H. H. Chalmers; "The Free-School System," by John D. Philbrick, being a reply to the recent strictures of Mr. Richard Grant White on the public schools; "Theological Charlatanism," by Mr. John Fiske, whose typical theological charlatan is Mr. Joseph Cook; and, finally a review of some recent publications in Physics, by Prof. A. W. Wright.

The following is an extract from the remarks of Mr. Clement Lucas in the debate on Rickets at Pathological Society of London:

"Children under nine months, suffering from rickets, will almost invariably be found to be bottle-fed; whereas children suffering from rickets at sixteen or eighteen months will often be found still hanging to the mother's nipple. In either case the diet is injurious, and I will undertake to produce rickets in any child under three years of age that I may be allowed to feed improperly. As regards which child is most frequently attacked by rickets, my experience, in accord with what Sir Wm. Jenner said on the last occasion, was that the eldest child of the well-to-do and the later children of the poor suffer most. The eldest child of the rich suffers because it is an experimental child, and the parents learn by practicing upon it how best to feed those that follow."

The man with a mission, C. H. Eams, M. D., of East Saginaw, Mich., graces the columns of the *Medical Record*, of the 19th inst., with another characteristic screed in advocacy of the metric system. When the American profession sinks to this individual's level and learns to regard Billingsgate as argument, the metric will "boom," and this "cackler of the burg" will command the largest salary paid by the Bureau. Having expended their stock of legitimate argument with so little effect, the advocates of the system had better call off such champions (?) as its latest shows himself to be, and defer further effort until profession degenerate into an appreciation of their present methods.

"PROGRESSION," a correspondent takes strong exception to "A TRUE BLUE'S" note in the NEWS of the 10th ult., and suggests the following by way of fixing his zoological status:

"If Dr. Scudder is neither 'fish, fowl, nor beast,' then 'True Blue' is probably one of three. If fish, he has a facial angle of about 20°; if fowl, he is likely a bat, entirely blind, and unable to see that we live in an age of progression, which is applicable to medicine as well as anything else. Should he prefer to be classed under the head of 'beast,' his article would fix his place appropriately beside the creature with the overgrown head containing simply enough brains to prompt it to bray."

The unhappy state of affiairs in unhappy Ireland is relieved by an occasional medical joke. An Irish doctor consoles an anxious family the recovery of whose head he has declared impossible, by the assurance that "it is foine thing for a mon to die in his bed in these times." An examining surgeon of an insurance company after pronouncing an applicant's life "the foinest I iver saw, sor," inquires, "f'what your business or profession now?" Applicant: "I haven't got any." Surgeon: "Ye don't mean to say ye've got land?" Applicant: "A few acres." Surgeon: "Faith, then, I'm sorry for yees, but yees won't do for us:" (certificate refused).

A curious illustration of absent mindedness exists in an accumulation of five letters received since our last issue, each containing a remittance for the current volume of the NEWS, but not a line to indicate to whom credit is to be given. It will behoove those who may have remitted but whose printed address does not bear the talismanic figure, "82," to curb their wrath. They may possibly have been the absent minded ones.

The Ishmaelite is an unfortunate individual whose case calls for commiseration. When he embarks in medical journalism he soon finds that the turning of his hand against every man, in the hope of supplying the spice to his columns which his wit or ability is unable to furnish, is an unprofitable venture. Sensationalism at the expense of veracity never pays. We could point out an apt illustration of the truthfulness of this sentiment, and appearances indicate that the days of that journal are numbered.

At the recent meeting of the Homœopathic Medical Society of New York, Dr. H. M. Paine had the candor and boldness to say: "Our experience in the use of high potencies is based, as Hahnemann's was, on theoretical grounds only. It is one of the most singular forms of idealism ever seriously entertained by the medical profession, I firmly believe that when our reputed cures are reported in connection with all the cases treated, we shall find that their frequency is not greater than those of daily occurrence without the intervention of medicine of any kind."

A correspondent of the Chicago *Med. Jour. and Examiner* has made a rare discovery in connection with society meetings. He sees in them an illustration of the curious physiological fact that when any accident, pre-natal or otherwise, arrests the development of the cerebral mass, the posterior part of the third left frontal convolution generally remains intact, or may even be the seat of an extra molecular activity. There is a certain number of persons, generally but not always in the decline of life, who will get up and talk, whatever may be the subject, and one could easily experience the idea of eternity by listening to them, we will say, for one day.

"Tripolith" is the name of a new compound which is said to be superior to plaster of Paris as an agent for immovable dressings. Its chief constituents are calcium and silicum, with a minute portion of iron oxide. It forms a gray powder which to the touch is softer and finer than plaster of Paris, although of the same weight in the rough condition. The only objection to the agent is the fact that its mode of manufacture is a secret; but as it is said to be cheaper than plaster of Paris this objection is not a very serious one, except on ethical grounds.

Carlyle among his many pithy sayings has the following which is not less applicable to those who write for medical than to those who appear in non-medical journals: "Easy writing is hard reading. In the way of writing no great thing was ever or will ever be done with ease, but with difficulty. Is it with ease that a man shall *do his best* in any shape? Not so."

The Philadelphia Academy of Surgery offers through its president, Dr. S. D. Gross, a prize of five hundred dollars ($500) for the best essay on the Surgical Pathology, and Treatment of Tumors or Morbid Growths of the Testis, Scrotum, and Spermatic Cord, to be open exclusively to American surgeons.

A Japanese proverb says "A quack looks like a man who has stolen a cat and hidden it in his pocket." The Japanese quack must be an exceedingly uncomfortable looking creature.

Chinese women sell their milk for about fifty cents a pint. The milking is performed in public, to insure purity. It is highly esteemed as a nourishing diet for old people and consumptives.

A medical student says he has never been able to discover the bone of contention, and desires to know if it is not the jawbone.

Book Notices.

Principles and Practice of Medicine ; Designed for the Use of Practitioners and Students of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc. Fifth edition, revised and largely re-written.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

The last edition of this classic work on Principles and Practice of Medicine was given from the press in 1873. Eight years in these latter days of investigation and overturning, have been sufficient to place the edition then issued upon the back shelf of the progressive physician's library. On comparing the Flint now before us with our copy of the edition of 1868, we find it to be an essentially different book, in some places indeed there is a wide discrepancy in views on the same subject. The author in the present edition disarms criticism by the statement that he has not been influenced by any sense of obligation to maintain consistency of views with previous editions, or with other works which he has written: Whenever statements are found to vary from those made at a prior date, the simple explanation is that the latter, in the light of more recent reflection and enlarged knowledge seem to him no longer tenable. He has endeavored to regard his own writings, in this point of view, divested of the partiality of authorship, and to subject them to as critical an examination as if they were the writings of another.

A sentiment like the above in the opening of a book is calculated to predispose one in its favor, and were it not for Dr. Flint's reputation as a "therapeutic nihilist" we should from this sentiment alone, look for just such a work as is demanded by the practitioner. An examination of the book, however, while revealing very superior excellence in all else shows a lack of that faith in medcation which has, we think, been growing of late years in this country. We think the profession of this country are in the dawn of an emancipation from the therapeutic skepticism of the German school. Dr. Flint's influence on medical opinion in this country has been powerful and has extended through many years, and we cannot but regard it as unfortunate that in the present edition of his great work he has not given more evidence of a returning faith in therapeutics.

The volume before us is bound in half Russia, and is a very model of the book-maker's art.

A Manual for the Practice of Surgery. By Thomas Bryant, F. R. C. S., Surgeon to, and lecturer on Surgery at Guy's Hospital, Memb. Correspond. de la Société de Chirurgie de Paris. Third American, from the Third and Enlarged English Edition. Edited and enlarged for the use of the American Student and Practitioner, by John B. Roberts, A. M., M. D., lecturer on Anatomy and Operative Surgery in Philadelphia School of Anatomy, etc. With seven hundred and thirty-five illustrations.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

A manual, says the lexicographer, "is a small book, such as may be carried in the hand." This being the definition of the term it strikes us as being somewhat inappropriate to apply it to a book of over a thousand pages of royal octavo size—about the size of Gray's Anatomy. The title is misleading. The book is an exhaustive treatise on surgery.

The author has adopted the following quotation as his mottoes: "Only the association of medicine with surgery forms the perfect physician. The physician who is deficient in the knowledge of one of these branches resembles a bird with but one wing." *Ayur Veda: Early Sancrit;* and, "Surgery consists in curing a disease rather than in the removal of it by mechanical means. But so differently do most think upon this subject that a surgeon who performs most operations and gives most pain is commonly thought the best."—*John Hunter.*

The work consists of eight grand divisions: Surgery of the Cutaneous System, of the Lymphatic System, of the Nervous System, of the Circulatory System, of the Digestive System, of the Respiratory System, of the Urino-Genital System, and Surgery of the Muscular and Osseous Systems. Under these are subdivisions in which the various diseases usually treated of in text books are discussed, and in addition, diseases which most authors on general surgery leave for the works on special surgery to discuss, as for instance dental surgery, aural and ophthalmic surgery, surgery of the female generative system, etc.

The illustrations are admirably executed, and we are safe in saying that there is no work before the profession which more concisely, and at the same time exhaustively, treats of surgical subjects. There are more exhaustive works, and there are more concise works, but there is none which combines conciseness and exhaustiveness so satisfactorily. It is eminently adapted to the wants of the general practitioner. The hand of the American editor is noticeable throughout, and the work, while being English, is none the less a fair representation of American surgery.

A Practical Treatise on the Medical and Surgical Uses of Electricity, including localized and general Faradization, localized and centralized Galvanization, Electrolysis and Galvano-Cautery. By Geo. M. Beard, A. M., M. D., Fellow of the N. Y. Academy of Medicine, of the American Academy of Medicine, of the American Neurological Association, of the N. Y. Neurological Society, etc., and A. D. Rockwell, A. M., M. D., Electro Therapeutist to the Woman's Hospital of the State of New York, etc. Third edition. Revised by A. D. Rockwell, M. D., with nearly two hundred illustrations.
New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

The aim of this work, as specifically stated, is to present, in a compact, practical form, all that is now known of the application of electricity to the treatment of disease. The aim of the authors has been to combine their own extensive and varied researches with localized and general electrization, and the labors of all other recent explorers in electro-therapeutics, in a summary which should be at once practical and exhaustive.

Electricity as a therapeutic measure may be said to be very thoroughly redeemed from the suspicion under which it for a long time lay, owing to the manner in which the empiric and the traveling mountebank made use of it. It has now a certain place in therapeutics, although it has not yet by any means attained to the full measure of its possibilities. Drs. Beard and Rockwell have probably done as much as any other authors, if not more, to give electricity a rational and scientific application. It is true they have been somewhat extravagant in their claims for the remedy, but never yet was there a reformer who was not extreme.

In the book before us the aim of the authors has been very fully achieved. A characteristic of the work is its practical nature. The reader is placed face to face with patients in whom the validity of the authors' claims for electricity under certain conditions is demonstrated—reports of cases forming a very considerable portion of the book.

MINOR SURGICAL GYNÆCOLOGY. A MANUAL OF UTERINE DIAGnosis and the lesser technicalities of Gynæcological Practice for the use of the Advanced Student and the Practitioner. By Paul F. Mundé, M. D., Professor of Gynæcology in Dartmouth Medical College; Obstetric Surgeon to Maternity Hospital, New York; Physician for Diseases of Women to the Out-door Department of Mt. Sinai Hospital, etc. With three hundred illustrations.
New York: William Wood & Co.

This volume completes the series of twelve comprising Wood's Library Standard of Medical Authors for 1880. Its title very fully declares its object. It treats of minutiæ and details which are not discussed in more systematic works, and it is, we believe, the only work which thus fully deals with these minor matters—minor, but by no means unimportant. Dr. Mundé is a trained writer, and this book abundantly proves the statement.

Original Articles.

Typhus and Bromide of Ammonium.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

The bent of the professional mind seems especially directed to the discovery of new maladies and new remedies, while the commoner forms of disease remain unsolved problems of medicine, and the valuable properties of old remedies continue hidden and unknown. Typhus has long been known as a distinct disorder but its nature and pathology are utterly misunderstood, and the medical mind is incapable of distinguishing between it and typhoid or enteric fever.

In this country nearly all continued fevers are indiscriminately called "typhoid" and typhus is considered of very infrequent occurrence. While the truth is that the latter is a common fever but not being understood is not recognized.

During the months of August and September of last year a number of cases of typhus occurred in this vicinity. Considerable lay discussion took place as to the nature of the malady, from hearing which I learned that it was typhus, but the attending physicians adhered to the diagnosis first made that they were cases of typhoid fever. The patients eight in number all had congestive hæmorrhage and they all died. They died because the physicians were ignorant of the nature of the disease and were wrong in their diagnosis and treatment. Here were people who were suffering from one disease while they were being treated for another. Who is to blame for this state of things? Most emphatically the teachers of the science and the art—the professors in our colleges and our eminent authors—the "hyas tyhecs"[*] of medicine.

Are they wrong? Have they misled us? Let us see!

In 1846, Dr. Jenner, then Professor of Pathological Anatomy in University College had sixty-six post-mortem examinations of patients who had died of what had been recognized and treated as typhoid fever; of these, twenty-three cases presented the anatomical sign of Louis—lesion of Peyers patches—and forty-three were without this sign. On comparing these two groups of cases Dr. Jenner found that while the symptoms and post-mortem appearances of the twenty-three cases were exactly the same as those described by Louis, the symptoms, course and post-mortem appearances of the remaining forty-three cases were entirely different, so different indeed as to render their separation from the other cases a matter of absolute necessity if accuracy was to be maintained in the description of these diseases or certainty arrived at in their treatment." (Aiken's Practice, 1872, vol. 1, p. 508.) Which is to say that in forty-three out of sixty-six cases treated by Dr. Jenner, he had made a mistaken diagnosis; he had described them inaccurately, and had treated them erroneously. What was the source of these mistakes and errors? Surely it must be sought in the incorrect views of the cause and pathology of these diseases.

(In Aiken's practice the descriptions of typhus and enteric fevers are so mixed, conflicting, inexact, and erroneous that neither seems to possess distinctive features.)

Typhus is held by the teachers to be due to a specific poison which enters the blood. This is not true; it is not so caused. Primarily it is a disorder of the ganglia and its chief characteristic is gangliasthenia. It is regarded as a fever and it is not a fever. This needs explanation. Fever is *calor preter naturam*, and the galenic definition holds to the present day. But it is in correct. I make a distinction. All heat of body above the normal standard is not fever. The term when the distinction prevails will only be applied to that condition in which the body is hot alike all over the surface. In congestive diseases characterized by heat of body, the extremities are cool and there are sometimes great variations in the temperature of other parts of the surface. These variations are best appreciated by the hand of an observer whose calorical condition is normal. The sense of bodily heat in disease is a special sense and should be cultivated by the careful and observing physician. Thermométrical measurement of the temperature in the armpit or other parts of the body, is not to be depended on. The inert glass and metal cannot tell the tale like the living hand. Thermometry of disease is one of the illusions of modern medicine, and furnishes little or no aid to diagnosis. The thermometer is a tidliewinkin toy in the hands of doctors. Instrumental physiology has led to instrumental diagnosis. Chomel one of the first practitioners of France, in his day, "kicked" (pardon the expression) against the use of the thermometer in disease and contended that the temperature of the body could be but appreciated by the hand of the observer.

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[*] Big injuns.

Diseases of passive congestion are marked by increased and irregular heat of surface. This heat I denote by the term "hyperthermy," (its converse is "hypothermy"). Etymologically it means the same as fever. But there is a difference in the cause or source of the heat in the fever of inflammation and of the heat in the hyperthermy of passive congestion, which marks the distinction that I make. Typhus, then, being a disease of passive congestion is not a fever but a hyperthermy.

I here lay down this as a principle of medicine; that whenever idiopathic passive congestion be present, whether it be general or local, it denotes depression of the ganglia, and the severity of the congestion will be the measure of the intensity of the ganglionic exhaustion. First we have gangliasthenia. Second its immediate results, passive congestion. Third, the consequences of passive congestion or the remote results of gangliasthenia which are numerous and various and correspond with its kind and degree. Gangliasthenia is the neurasthenia of Dr. George M. Beard and other writers. Generically the condition is neurasthenic, but specifically it is gangliasthenic.

What are the causes of this condition? I answer all the external agencies which are depressing in their nature co-operate to produce it. There are many factors. The determining cause of a congestive disease so far as any particular cause can be said to act as such, must be sought in the environment of the individual.

A marked peculiarity of passive congestion of internal organs is that the condition is reflected and manifested by some external symptom and the manifestations are uniform, both subjectively and objectively. These symptoms have not been interpreted aright; lack of close observation, inexactness, obscurity and carlessness have been the cause of boundless errors. Hence with a chain of uniformity of symptoms running through the congestive diseases, their unity and pathological relationship have not yet been traced. They are regarded and treated of as diverse in their origin, course and results, while they are in truth most intimate congeners.

Typhus is a congestive disease due to gangliasthenia. The evidences of this condition are the prodromic symptoms of the disorder, and these are: —frontal headache, insomnia, frightful dreams, anorexia, a sense of chilliness or hot flushes and cold chills, coldness of extremities, pains in the bones, pain at sacro-spinal junction, pain in the nape of the neck radiating to the occiput, and weariness. Other symptoms appear if the disease is allowed to progress. Or if the condition which these symptoms denote becomes intensified under the continued operation of the causes which produced it, hyperthermy is developed, and the disease under consideration declares itself. But if a patient is suffering from the foregoing symptoms, the following prescription may be given:

℞ Ammonii Bromidi............ ℥ j
Aquæ...................... ℥ jv

M. S. Dose one teaspoonful before each meal and at bedtime, in a little water.

The effect of the remedy is such that all of the pains and ill feelings are relieved as if by magic. The headache ceases, sleep becomes sound, prolonged and refreshing, appetite returns, all pains disappear, and strength takes the place of weakness. This remedy is a "sthenic" in gangliasthenia. It is anticongestive and as such is anodyne, hypnotic and tonic. It is the specific for gangliasthenia in every form.

If uric acid be present in the system as a product of fermentative digestion, the use of the bromide must be preceded by some bi-carbonate of soda. The presence of this acid will be denoted by gaseous eructations from, and bloating of the stomach, with a burning sensation when the urine is passed. All acids must be prohibited during the administration of the bromide.

This treatment is preventive. The remedy aborts the disease and this is the aim of the science and the art of medicine. Typhus will not occur under the timely use of this remedy because it cannot. But if the disease is typhoid fever, the premonitory symptoms will not be the same, because the disease is of a different nature and due perhaps to other causes. It is not a congestive disease and does not develope into a hyperthermy but into a fever, in checking whose course the bromide will have no effect. Another means of differentiating the two diseases is by the character of the hæmorrhage congestive. Hæmorrhage almost always occurs in typhus while in typhoid hæmorrhage is rare and is invariably due to ulceration. Again in this country, typhus, occurring frequently in sporadic form seldom or never presents any mulberry or diagnostic rash, which is simply an eruption due to ganglionic (vaso-motor) disturbance and is of no special value as a sign.

If the patient is not seen until the hyperthermy is developed the bromide may be given as in the following case:—

In September 1873, was called to see Z. P., a farmer, æt. 28; diagnosis was typhus fever; symptoms present as described above, in intensified form. Hyperthermy had been present for two days. Body hot, extremities cool. Prescribed bromide of ammonium in solution so that patient took 15 grains four times a day. At the expiration of four days under the action of this remedy alone all heat of surface had disappeared and did not return. The case steadily progressed with increasing debility until the 21st day of the attack, when the patient showed signs of amendment and steadily convalesced until his health was completely re-established. Quinine was given continuously in small doses, three to five grains three times a day, until he began to amend. Whiskey was then given in moderate doses through a rapid convalescence. At no time after the use of the bromide was there any heat of surface. That is it was the anomaly of a fever without any fever. There was no hæmorrhage.

The bromide of ammonium is the antidote to the typhus poison! (save the mark.) The bromide of ammonium strangles the disease in its birth and demolishes the hypotheses (guesses) and theories (surmises) upon which the doctrines of sound pathology have hitherto been based. Viva the bromide of ammonium! *Floreat nes medica.*

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Theory and Practice of Auscultation.

BY WILLARD H. MORSE, M. D., HINSDALE, N. H.

Almost precisely two centuries ago, Robert Hooke, writing with the peculiar eccentricity of a scholar and a scientist, voiced a sentiment that has come reverberating to our time, and constitutes today the seed-truth of that most perfect of the correlative dependencies of physical diagnosis, the science of auscultation. His statement lacks no originality. Until his time there were none but the vaguest references to the principles of auscultation. "It is not impossible," he wrote, "to discover the modes of motion and the action of bodies by the sounds which they produce. As in a watch, we may hear the stroke of the balance, and other sounds, may we not discover the movements which take place in the interior of bodies, animal, vegetable or mineral, by the sound which they produce, and recognize the works accomplished in the interior of the divers factories of the human body?"

There passed one hundred and thirty-five years. Then the echo was caught by the man who then became the creator of auscultation, the French *savant* Réné Laénnec. With wonderful thought and measureless act he translated the beautiful ideal of Hooke. Already Avenbrügger had nourished the infant percussion until that Hippocratic child had become strong in its youthfulness. Already clinical medicine was beginning to recognize anatomical lesions as the etiological factors of disease. All unconscious that a valuable echo was floating in the air of Paris, Laénnec sat in his laboratory engaged in a study of the pathology of phthisis pulmonalis. Not then thirty years old, he was gifted with a fine knowledge of pathology, and more especially of the pathology of the thoracic organs. For years he sat and studied.

The first essays of his knowledge were modest. Like morning light the new idea dawned on his mind. With an excellence of daring he demonstrated clinically to the Paris Academy the value of the auscultatory act in a study of hydrothorax. He was laughed at. But he went on perseveringly, placing his ear upon the chest of his patients to recognize the condition of heart and lungs. Others tried the experiment and succeeded. Gradually it grew into favor. In 1816 mediate auscultation was born. A young lady called on him for treatment. It was necessary to auscultate the heart, but the natural reserve of the physician shrank from practising his usual plan of auscultation. Rolling up the sheet of thesis paper that lay on his table, he placed the cylinder to the lady's breast, and intensified the cardiac sounds to his ear. In 1819 he published his immortal work on auscultation, and seven years later, when in the act of publishing the second edition of his work he fell dead of phthisis, the disease which he had done so much to recognize. His stethoscopes were curious pieces of mechanism —cylinders of gold-beater's skin, tubes of wood, pitched branches of ash—all worthy to establish educated hearing, but all bulky, clumsy, and uncouth.

Since Laénnec's time auscultation has steadily developed, but never changed. The ear has become the equal of the eye. As years have passed it has been utilized over every organ of the body, and in many conditions and diseases. From diseases of the chest to obstetrical diagnosis it has ranged. The last-named is the great feature of the science. Kégaradec, a pupil of Laénnec, and a man of like passions with his great master, experimenting one day on a pregnant woman, hoping if possible to discern the "wave-sound," was surprised to hear the fœtal heart and the utero-placental souffle. Mayor, of Geneva, had, however, made the same discovery, and the two physicians prosecuted their study of it until the method is a perfect one.

The physician of to-day has at his hand the finished science. The present medical generation has realized the words of Hooke, and unlearned and relearned all that it primarily knew of those diseases and conditions to which auscultation is applicable. Both mediate and immediate auscultation are indispensable. We may employ these means in all of the directions of diagnosis. The chest, the intestines, the bladder, the uterus, and even fractures, yield up their secrets under impression of this great agent. The hearing has come to be the principal sense. Before auscultation the physician knew the history of a given disease only from the patient's lips. Now he learns it from the disease itself. A patient may prevaricate or deny: the disease of its own self speaks ever true.

Much dependence can be placed on the use of the ear alone, but mediate auscultation is the great working power. No longer has the stethoscope an uncertain place. It has ceased to be a novelty. The lustre of its value is undimmed. Other aids to diagnosis are in our possession, and we entertain almost a reverence for the aspirator, thermometer, ophthalmoscope, laryngoscope, sphygmograph, speculum, microscope, and other instruments of precision, but at their head we may place the stethoscope. It has taught us a splendid lesson, and we have at our disposition various makes to choose from.

Perhaps as belonging to the really practical in stethoscopy, a few words as to the choice of a stethoscope may not be out of place. Every physician who deserves the name must have one, and it is well to know what one to prefer. Edison's ideal stethoscope is, of course, the very best; but it is useless to dwell on the principles of its construction, as it only exists mythically, and as it will be expensive when perfected. Our thoughts have nothing to do with Edisonian cloudland, and beyond this mention there comes to our notice a goodly array of the instruments. We have outgrown the simple wooden tube. Beyond doubt the stethoscope of plain cedar wood has been valuable in preparing the way for a better instrument, and in its onliness it is good. The equally plain hard rubber tube is an improvement on this, but the wooden instrument, fitted with a rubber ring, is preferable to both. What is known as the "screw stethoscope" may be possessed of merits, but I should as soon use a plain tube. Traube's stethoscope has its admirers, and the principle on which it is made is most excellent, although it is as imperfect as excellent. The complicated hard rubber instrument, with pleximeter and percussor inside, is certainly deserving of praise, because it is so difficult to understand! Better than the ordinary stethoscope is the bin-aural. The entire sense of hearing should always be employed, rather than one-half of it, and I deem it best in my practice to use no other than the bin-aural. The most elaborate of these is Camman's or Leared's. It may do its work well with some observers, and is undoubtedly a "great invention," but I never use it. It is almost impossible to learn stethoscopy by it, as it is too complicated, and it is too costly for the country physician. Knight's modification of it has not in any sense improved it, except in its price and its elaboration.

There are other kinds—among them Allison's—but they are open to some objection, or are so utterly objectionless as to be useless. On none of these can we absolutely depend. Above them all I recommend the instrument that is known as the "perfected" stethoscope, and which is a modification of Camman's. It is simple, acoustically accurate, and is readily adaptable to all positions of patient and physician. The bell is perfect in construction, the spring pressure is admirably adjusted, and it renders the sounds more distinct than any other instrument. A great merit is in the rubber tubes being free from any sheathing, thus avoiding all friction sound. It is the only stethoscope that has soft rubber ear-pads, and added to this, the tubes are as nearly correct in length as any that are made. I believe it to be the best manufactured, and the article of the kind which is made by Snowden, of Philadelphia, I would commend to all who wish to possess a stethoscope. It is cheap and easily understood.

As the stethoscope is indispensable, and as it solves many questions, it is best to have the most accurate of instruments, and more than that, to know how to use it. It takes experience to acquire such knowledge. The ear is not as susceptible of education as is the eye or the hand, but when it is once educated, it shows fine susceptibility. Auscultation is best if mediate, and if mediate is best if perfect. It must be perfect, and we must have a real familiarity with it. Auscultation is a delicate art, a sensitive science, a refined demonstration, that in theory as well as practice has an elevating influence on the mind. It is to be used without abuse, and raises one range of observation to the highest intelligence.

Syphilitic Spinal Paralysis.

A CLINICAL LECTURE BY PROF. J. M. DACOSTA, M. D., PHILADELPHIA, PA.

I. W., aged 72, a blacksmith by trade. There is a very old history of syphilis in this case. The patient allows that he had the disease some forty years ago, but denies that the first attack was followed by any constitutional symptoms, or that there has been any repetition of the infection. For a number of years past he has been the subject of difficulty in urination, attended with dribbling of urine and great irritability of the bladder. With the exception of this condttion and some occasional attacks of dyspepsia, he has enjoyed good health until within the last few weeks. On the 22d of October, 1878, finding the difficulty of holding his water to be increasing, frequently being obliged to rise repeatedly at night, he took a warm sitz-bath and fainted while in it. The next day he complained of a feeling of dizziness when he stooped. He also noticed that he got tired very easily. There was some lumbar pain. In walking, the ground did not feel natural to his feet. He was unable to walk at all in the dark. When the patient was admitted into the hospital he swayed a good deal from side to side in walking, but could stand straight with his eyes closed. and his feet together. His lower extremities were paralyzed partially, and he walked with some difficulty. There was no marked atrophy of the legs, or quivering of the muscles of the lower extremities. The grasp of the hand was good, and the man had no vertigo, or if any, it was but passing. There were, in fact, no cerebral symptoms. Upon examining the eyes the question arose as to whether there was not some incipient choking of the discs, but an expert who made a most careful inspection of his eyes, gave it as his opinion that there was none, and that what appeared to be choking was but haziness due to a mere optical defect. This point once settled we had satisfactorily disposed of the question of the origin of the vertigo; it was certainly not caused by any cerebral diseases There was no involvement of the upper extremities as far as we could discover. In fact, by a process of exclusion, I was able to make up my mind definitely that the malady was entirely spinal in its nature. Upon employing the electric test we found that, the muscles of the upper extremities responded fully to the Faradaic current; those of the lower extremities not so well, requiring the use of a much stronger current in order to elicit a satisfactory response. The sensibility was tested with pins and found to be imperfect in the lower extremities. But, as I told you, there was, at first, in this case, not only impaired gait and loss of sensibility, but there was also marked bladder difficulty. There was constant dribbling of urine, and it was only by means of catheterization that the water could be passed in bulk, and when it was drawn by the catheter it always contained more or less blood. The urine had to be drawn two or three times every day. We had it examined microscopically with care at the time, and were unable to detect the presence of any tube casts. The amount of albumen corresponded with the amount of blood contained in the voided urine. Let me now, for one moment, recall to your minds in outline the chief symptoms of the case—the old syphilitic history, infection without any constitutional disturbance; the long-standing difficulty of urination and tendency to dyspepsia; the warm sitz-bath taken on October 22d to relieve the vesical irritability; the fainting of the patient in the bath, and the subsequent partial loss of motion and sensation in the lower extremities, inaugurated with vertigo, but without any involvement of the trunk or upper extremities. The diagnosis is clear, the case was one of acute spinal congestion, attended with paralysis of the bladder and bloody urine. There was no atrophy of the muscles of the affected parts; motion and sensation were only slightly affected, sensation more so than motion. I have brought the patient before you to-day, and you see that although his gait is much improved, he still walks with some difficulty. His urine has become much clearer in color, and his bladder has largely regained its proper contractile power. I suppose now that you would like to know how we have treated this man. As soon as he entered the hospital we applied wet cups to his back, and followed these by the administration of ergot in full doses. Lately, since his condition has improved so much, I have ordered him put upon the compound syrup of hypophosphites. His lower extremities are rubbed frequently with coarse material. I think that the wet-cupping was really of very great benefit to the patient. (The hypophosphites were not administered until the patient had recovered from the acute attacks.) I want to call your attention particularly to the great value of ergot in the above condition; especially is it of value when the spinal congestion is attended with paralysis of the bladder and dribbling of the urine. In such cases it is well to put the patient at once upon large doses of the drug. As much as f ʒ j of the fluid extract of ergot may be given thrice daily without any fear of bad effects. Indeed in very acute cases of spinal congestion, I have given even larger doses at shorter intervals. So, too, in the semi-chronic and chronic spinal paralysis of old persons, where there is congestion of the cord, ergot is an admirable remedy. This is particularly the case where there is an existing enlargement of the prostate gland. My attention was first called to the value of ergot in cases of enlarged prostate gland by the late distinguished and lamented Dr. W. L. Atlee, of this city. Dr. Atlee told me some years ago that in all cases of enlargement of the prostate, whether acute or chronic, he was in the habit of administering the fluid extract of ergot freely with the happiest results. In old people, in such cases in fact as those in which Dr. Atlee was in the habit of employing it, I should imagine that ergot would have a double effect (?) by its well known actions upon the blood-vessels of the spinal cord, materially reducing their calibre, and by its constringing action upon the vessels of the enlarged and inflamed prostate, diminishing their size, cutting off the increased and superfluous blood supply, and so, if possible, tending towards reduction of the organ to its normal size and character.

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Ovariotomy.

BY J. M. SNOOK, M. D., KALAMAZOO, MICH.

About the 20th of October last I was asked to see Mrs. C. W., who was suffering with an enlarged abdomen. I obtained essentially the following history from her: Her age was 46 years—was married at the age of 20—and at the age of 35 was left a widow and has been such for the last 11 years; has never been pregnant and has always been regular with her menses until the six months previous to last March, and in March she menstruated the last time. Was rather fleshy, her average weight being about 165 pounds. In November of 1879 she left Chicago where she had resided for about twenty years, and went to Denver, Col., and soon after her arrival there her health, which had always been robust, began to decline, and upon consulting a physician was told that she had "rheumatism of the stomach" and was treated accordingly for a time, but, receiving no apparent benefit, put herself under the care of another physician who promptly told her that "dropsy of the kidney" was her complaint and proceeded to treat her. About this time, March 1880, she first noticed a little enlargement of the abdomen, but referred it to no particular point, as it seemed to be general.

After some months she was advised to return to Chicago as the climate was not good for her, and in accordance therewith she journeyed back to Chicago.

Upon arriving there she consulted Dr. ——, who very politely informed her that she had "abdominal dropsy" and that he would tap her and relieve her of her burden in a very little time. She, happy at the thought of so easy and speedy relief, consented and he proceeded, but, to the surprise of both patient and doctor, no abdominal dropsical fluid appeared, in fact it was a "dry tapping." Two days later she came to Kalamazoo and on the following day I saw her.

The abdomen measured about fifty inches in circumference and she was emaciated, particularly about the chest, neck and arms, to a considerable extent, and was very much oppressed for breath, being obliged to sleep in a half sitting position, and suffering much with pains over the stomach and upper part of the abdomen.

After a careful examination I concluded that she was suffering from the presence of an ovarian tumor arising from the left ovary, and, judging from its rapid growth and the small portion of very thick gelatinous fluid obtained, that it was of the polycystic variety, and advised its removal as the only possible means of restoring her to health.

After learning the nature of the disease she quickly consented to the operation and urged its immediate performance that she might be relieved of her suffering.

I delayed operating for a little time to give an opportunity to get the system in as good repair as possible, and, after getting as much general improvement as possible from the use of tonics, baths, nourishing foods and hygienic influence I set the day operation, and on the fifth day of January 1881, assisted by Drs. Hitchcock and Ranney of this place, Dr. Knowles of Three Rivers, and Drs. Cox and French of Battle Creek, proceeded to operate, using ether as the anæsthetic.

After opening the various abdominal structures down to the peritoneum we found that membrane so much thickened and so vascular that at first it seemed as if we had reached the sac, but remembering the late Prof. Peaslee's advise in such cases, "when in doubt proceed as if the peritoneum had not been opened," I made on opening about one fourth inch in diameter when out gusted a quantity of very thick gelatinous fluid which seemed surely not to be peritoneal. I then introduced a steel sound through the opening and found it to come in contact with a large tumor, showing conclusively that the sac had not been opened but merely the peritoneum. After being thus satisfied I enlarged the opening to about seven inches and found that we had to deal with a polycystic tumor of the left ovary, the walls of which were very thin and friable and that several of the cysts had already broken and their contents emptied out into the peritoneal cavity and that extensive inflammation had ensued and every part of the peritoneum was very much thickened, though there were but few adhesions and those few were easily separated by the sound and hand. I introduced my hand into one of the larger cysts at the front and through it opened many of the larger ones until the main tumor was reduced enough to allow it to be slipped through the opening. The contents of some of the cysts was so thick that a handful of it could be taken in the hand like a piece of orange or lemon jelly, which in color and transparency it very much resembled.

The pedicle was a small one about three inches wide and was secured by a heavy double ligature and dropped into the cavity.

After removing the tumor I found attached to the fundus of the uterus a fibroid tumor about three inches in length and one and a half in diameter, the base of which was very broad, and I considered it better not to disturb it so it was allowed to remain.

The cavity was cleansed as thoroughly as possible and the incision closed save at the bottom where a small tent was placed.

The tumor and contents weighed forty-eight pounds.

As soon as practicable the patient, who had borne the operation well, was placed in a warm bed and heat thoroughly applied and stimulants given until reaction was established which was perfect within an hour.

At the expiration of about three hours she expressed herself as feeling the most comfortable that she had for months.

At nine o'clock in the evening the pulse was up to one hundred and thirty per minute, but there was no pain and she passed a fair night. The next morning it was one hundred and twenty and at two o'clock P. M., it was down to one hundred and sixteen with a temperature of 99¼°.

She vomited a couple of times during the second day which was due probably to the room being a little overheated.

There was quite a little tenderness over the lower part of the left abdomen, where the tumor had been located, for three or four days, but that nearly all subsided and she did remarkably well, all things considered, until the evening of the fifth day when secondary peritonitis came on and she went rapidly down and died on the eighth day.

From the very extensive peritoneal inflammation previous to the operation I expected that she would die within the first three or four days, but after doing so well beyond that time I was encouraged as to the result, only to be disappointed when the secondary inflammation came on.

Lemons in Diphtheria.

BY M. CZARTORYSKI, M. D., STOCKTON, CAL.

During my residence of over two years in China, as physician to the President of the Supreme Council (the Fohung ly Yama), Prince Paoo Koung, I became acquainted with the following facts:

When after a prolonged wet season, very hot weather sets in, the common bamboo cane becomes speckled over with black spots (like worm-eaten), if a joint covered with these is cut through, rather above a joint, a grayish or brownish powder is found in it, which, if brought in contact with any living mucous membrane of man or animal, will cause, in the same, diphtheria, generally within nine hours, and death if the case is not attended to within three or four days. There exists in China a secret society or association of Thugs, if you may so call them, who believe it to be a sacred sacrifice to their goddess, to infect people by this powder with the dreadful disease. They mix a little with he virus of malignant small-pox, and place impregnated rags with the washed clothes in washing ready for distribution.

When a Chinese finds himself, or any of his family, attacked by diphtheria, he immediately uses lemons, limes or their juice—either pure or mixed with spirits, honey or sugar—as freely internally as possible, so as to saturate his system therewith as quickly as possible, even to get drunk on equal parts of lemon-juice and spirit, and will by this simple means obtain prompt relief and cure. Besides they gargle frequently with a solution of common salt in water and lemon juice. Since I came back from China in 1855, I have depended to a great extent on this treatment, not only in diphtheria, but have used lemon-juice in all the exanthematous fevers, with most complete success.

Whenever called to attend a case of diphtheria, I order always the freest possible use of lemons, limes or oranges in any form or any shape—as the patient may be prevailed on to use them—or to eat or suck the fruit, with white sugar, as freely as possible. To satisfy my patients, I order the following ointment to be well and frequently rubbed into the neck and over the parotid glands and behind the ears and down the throat to bifurcations of trachea:

℞. Iodoformi....	℈iv.
Ol. Menth. Piperitæ...............	℈jj.
Ex. Fl. Conii Maculati...........	ʒ jss.
Unguent. Belladonnæ...............	ʒ iv.
Ung. Camphoræ cum Vaselinæ, qs ad	℥ ij.

M

Always keep moist compress around neck, gargle or spray with solution of table salt, For internal use I order:

℞. Tr. Ferri chloridi........ ....,	ʒ j.
Kal. chlorat........................	℈ij.
Glycerole Boracis....	ʒ iv.
Syrupi qs., ad......................	℥ ij.

Mx. Sig. One teaspoonful to be swallowed very slowly every hour (or as needed), alternating with one teaspoonful of;

℞ Acid carbolic sol. (Calvert's)....	gtt viij.
Sodii hyposulphitis..................	℈j.
Glycerol. Potass. Citratis...........	ʒ ij.
Vin. Colchic. Sem.................	ʒ j.
Tr. Belladonnæ......................	ʒ i.
Syrupi Aq. Calcis*..........qs. ad.	℥ ij

M

I have attended since 1855 more than one thousand cases of diphtheria, and have not lost one patient with this disease, and ascribe my success only and alone to the free use of lemon-juice, lemons, limes and oranges.

It is generally presumed that lemon-juice promotes and causes an excess of oxygen in the circulation. Taking into consideration the powerful antiseptic effect of oxygen on the organism of the human body, and we may have an explanation of the success of my treatment, especially if assisted by the other, so powerful antiseptics in the mixture.

* * *

Selections.

The Production of Phthisis by Inhalations.—In 1877 Dr. Tappeiner published an important series of observations on the production of tubercular disease in the dog by the inhalation of the sputa of persons suffering from phthisis. He has lately extended his investigation by an attempt to ascertain whether the inhalation of material from scrofulous glands is capable of producing the same effect, and the results have been published in Virchow's *Archiv*. If scrofulous diseases are indeed identical with tubercular processes, as it is fashionable now to assert, the effect of inhalation of gland-pus ought to be the same as that of phthisical pus. The materials for the experiments was pus from a scrofulous boy, five years of age, with suppurating glands. Half a gramme of pus was obtained daily, mixed with 100 grammes of water, and the dogs were made to inhale the atomized mixture for a quarter of an hour during about ten days. For purposes of comparison, two dogs were similarly treated with phthisical sputa. These two, and one of the dogs treated with the gland-pus, were killed and examined twenty-three days later. The organs of the latter were found to be perfectly normal, although the animal had presented a cough and loss of weight. In the two dogs treated with phthisical sputa, tubercular nodules were found in both lungs and spleen; their nature from the microscopical characters, was beyond doubt. The two other dogs treated with gland pus were killed and examined thirty-three days after the commencement of the inhalation, and the organs were also found free from tubercle. The same negative result was obtained in the case of two dogs killed on the twenty-ninth day after the inhalation of gland-pus.

Further investigations were made as to the periods of incubation from the commencement of the inhalation of phthisical sputa until the tubercles are distinct in the lungs. One dog was killed on the thirteenth day after the commencement of the inhalation; it had coughed for eight days, and had lost three-quarters of a pound in weight; no tubercle was found in the organs. In another dog, killed on the nineteenth day, also no tubercle was found. It thus appears that the period of incubation is more than nineteen days. Another dog, treated at the same time and in the same way with phthisical sputa, was killed three months after the commencement of the inhalation, and abundant tubercles were found in the lungs and pleuræ.

By the suggestion of Prof. Waldenburg, two other dogs were treated with sputa from simple chronic bronchitis, fifteen grammes daily for ten days; and they were killed on the twenty-eighth day after the commencement of the inhalation. The post-mortem examination showed both lungs to be perfectly normal, without a trace of tubercle. The experiments were made at Berlin, and the pathological results ascertained by Grawitz, Israel, and Friedlander, under the supervision of Virchow, so that the facts appear to be beyond question.

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*Lime-water saturated with sugar.

The conclusion drawn by Tappeiner from these experiments are: (1) The inhalation of phthisical sputa by dogs, even in small quantities, produces with certainty tuberculosis of the lungs, with or without general tuberculosis, especially of the spleen. (2). The stage of incubation is, in dogs, longer than nineteen days, but shorter than twenty-three days. (3) The inhalation of scrofulous caseous pus from glands produces no infection—a fact which indicates an essential difference between scrofulosis and tuberculosis. (4) The inhalation of the sputa from chronic broncitis is equally ineffective.

The facts ascertained in these experiments are certainly of a very important nature. The period of incubation, however, can hardly be fixed from so small a number of experiments, since it may not improbably be subject to considerable variation. But these observations constitute experimental confirmation of the infection of phthisis, to which many clinical facts point, and they indicate the probable mode by which the infection is produced. The difference in the effect of scrofulous pus and phthisical sputa, if not entirely conclusive as to the difference between tubucular and scrofulous affections, indicates that we must still pause before we abandon the older view. That view rests, we must remember, on clinical facts, which were so well described so well described so long ago by Sir William Jenner; and these facts must be explained away if we are to accept, as Dr. Hilton Fagge would have the members of the Pathologieal Society accept, the results of inoculation experiments as conclusive evidence of the identity of the two conditions.—*London Lancet Monthly Abstract.*

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The Hot Rectal Douche.—At the last meeting of the American Gynæcological Association held at Cincinnati on the 1st September, Dr. Chadwick, of Boston, read a paper on "The Hot Rectal Douche." The idea was suggested to him by the hot vaginal douche as carried out and extolled by Emmet and many others in the treatment of pelvic inflammations of all kinds. A glance at the anatomy of the pelvis will show that a much more extensive surface for the operations of the hot water must be available by the rectum than by the vagina. The only objection which, however, would seem to render the hot douche inapplicable in the acute stage of such inflammations is the peristaltic action which may at first be excited by it. Dr. Chadwick has employed this remedy in two groups of cases. The first includes cases in which diarrhœa, acute or chronic is a a prominent symptom, but characterized by small frequent stools from inflammation or perhaps only irritation of the lower bowel. The causes of such inflammation are laceration or contusion of the rectum during labor, and the continuance of inflammation or congestion caused by contiguous of inflammation, or by hardened feces. The second—a more important one, is pelvic inflammations of all kinds. In such cases, especially in the last group, Dr. Chadwick has found this treatment eminently successful.

The method of administration of the hot rectal douche to get the best effects, aims at securing the passage of as large a volume as possible of hot water to as high a point as possible, and its retention as long as possible in the intestine. The water is used as hot as the hand can bear; the patient is placed on her side, preferably the right side in bed; a fountain syringe, holding two quarts, is used; it is suspended quite low, so that the flow shall be quite slow. The finger is kept in the vagina, and as soon as it detects distension of the rectum, the current of water is stopped for a few minutes, the nozzle being allowed to remain. In this way one or two quarts of water may usually be injected without giving rise to peristaltic action. It is not wise to resist expulsive efforts, as the bowel will be apt to be stimulated to more violent efforts, and irritation increased. The douche may be taken two or three time a day for weeks if necessary.—*Canada Medical and Surgical Journal.*

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Copahine.—Gonorrhœa and cystitis often prove very troublesome to cure, and if not properly attended to in the beginning, are apt to give rise to much annoyance, continuing so for some time. After the first preliminaries and antiphlogistics, nothing has served us better than an article called Copahine, or compound dragées of copaiba and cubebs, recently introduced by Dr. L. Wolff, the well-known pharmacist of Philadelphia. This is a combination of copaiba and cubebs, with the alkalies, magnesia and dry sodium carbonate. The copaiba in this preparation is first treated with nitric acid, oxidizing it, then making it readily emulsifiable and saponifiable by the pancreatic and biliary secretions, occasioning in this way no gastric disturbance, while it loses none of its balsamic properties by this process. Along with the cubebs it is easily solidified by the addition of magnesia. The sodium carbonate helps both to disintegrate and saponify the mass, as also to render the urine alkaline, avoiding thus the severe scalding pains at micturition. Each one of the copahine dragées contains five grains oxidized copaiba, ten grains powdered cubebs, and a grain each of calcined magnesia and sodium carbonate.

They should be given three at a dose, three times a day after meals, and increased, one a day until they cause looseness of the bowels, then to be diminished to the former doses, while observing the usual precautions. We can commend them to our friends who have obstinate cases of gonorrhœa or gleet under treatment as a most efficient copaiba compound, and we are supported in this by some of our prominent specialists and lecturers on the subject.—*Medical Bulletin.*

Formulary.

INDIAN CHOLAGOGUE.

The following is said to be the formulary for Osgood's Indian Cholagogue ; it was first given by Dr. Mayes, of Mayesville, S. C., in the *Druggists Circular* for 1860:

Sulphate of quinine	ʒ ij.
Fl. ext. leptandra	ʒ j.
Saturated tincture* stillingia	℥ jv.
Fl. ext. podophyllum	ʒ iij.
Oil sassafras	
Oil wintergreen	āā gtt x.
Molasses (best N. O.) q. s., ad	℥ viij.

Mix.

Dose for adults, one to three teaspoonfuls three times a day.

USE OF BORIC ACID.

Carbolic acid is doubtless of great value in the treatment of cutaneous affections, but is a poisonous and irritant substance, especially in the case of young children. Boracic acid, an excellent antiseptic, is non-irritant, non-poisonous, and renders good service in the management of eczema, that is, in the form of ointment : Vaselin, twenty-five parts ; boracic acid (porphyrized), five parts ; balsam of Peru, one part ; or the boracic acid may first be dissolved in an equal weight of glycerine, and the other ingredients added. This ointment suits admirably in eczema and intertrigo.—*Jour. de Med. et de Chir.*

GLYCEROLE OF THYMOL.—The formula is:—

℞. Thymol	gr. xx
Glycerinæ	
Alcoholis	āā f ℥ j
Aquæ destillat, ad	Oj.

M.

Useful in pityriasis, and, when diluted is an effective antiseptic mouth- wash.

BORIC ACID IN ECZEMA AND INTERTRIGO.—A good pomade to employ in this affection is that used by Dr. Delaporte:—

℞. Boric Acid	grammes	5.
Neutral Glycerine	"	5.

Dissolve, and add—

Vaseline	"	20.
Balsam of Peru	"	1.

Apply every evening at bed-time for many days. —*Le Practicien.*

FOR FRESH COLD IN THE HEAD.—Dr. T. F. Houston writes to the *Southern Medical Record*: For fresh cold in the head, accompanied with obstruction in the nasal passages :—

℞ Carbolic acid	ʒ i.
Absolute alcohol	ʒ ij.
Caustic solution of ammonia	ʒ i.
Water	ʒ iij.

M. Make a cone of writing paper, put a small piece of cotton in it, drop on the cotton ten drops of the mixture, and inhale until all is evaporated. Repeat this every two hours until relieved.

COST AND VALUE OF THE CINCHONA ALKALOIDS.

Dr. Hager, in a paper in the *Bunzlauer Pharmaceutische Zeitung* gives the resulds of some experiments made on himself to decide this question. Pills containing considerable doses of the alkaloids were used to relieve catarrh, and the antipyretic value and cost in shillings for 100 grams are given in the the following table :

	Antipyretic value.	Cost.
Quinine sulphate	100	95
Quinidine sulphate	90	55
Cinchonidine sulphate	70	30
Cinchonine sulphate	40	10

This table means that two and a half grains of chinconine sulphate in a dose will produce the same antipyretic effect as one grain of quinine in a dose, which costs four times as much.

NAPOLEON'S MEDICINE.

This was a favorite general laxative used by Napoleon I, from the prescription of Corvisart :

Boro-tartrate of potash	℥ ss
Tartar emetic	gr. ¼
Sugar	℥ j
Water	℥ xv

Dose, a wineglassful frequently until it operates.

—*The Druggist.*

ALCOHOLISM.

The following mixture is in use in the Albany Hospital for the treatment of the effects of acute alcoholism, to relieve nervous excitement and insomnia:

℞. Tr. opii. deod.	
Ext. hyoscyami. fld.	
Chloral. hydrat.	
Pot. bromidi	āā. ʒ j.
Tr. capsici.	ʒ ss.
Tr. aconiti rad.	♏v.
Aq. menthæ pip.	qs. ad. ℥ jv.

M, Sig.—Two tablespoonfuls and repeat in four hours if sleep is not produced.

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* Fluid extract.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Bellevue and Medical Reform.

Our readers will doubtless remember the large amount of gratuitous advertising which Bellevue Hospital Medical College received a little over a year ago in the shape of praise for having taken a step forward in the cause of advanced medical education. Inasmuch as it was understood (proclaimed even by Bellevue itself) that this step was in response to a demand from the better class of the profession, it was regarded as a very encouraging omen, and many sanguine ones, with whom, doubtless, the wish was largely responsible for the paternity of the thought, predicted that it would not be long before the reform thus auspiciously inaugurated would become very general throughout the medical colleges of this country. The step itself was, specifically, the adoption of a respectable standard of matriculation examination and the exaction of attendance on three six months' courses of lectures as a condition of graduation. Bellevue was a member of the American Medical College Association, an association whose object is to raise medical education in this country from the low estate into which it has fallen. It was not long after it had with much flourish of trumpets announced its step in advance of the other medical schools, as above, that it incontinently withdrew from the College Association. The hopes of the advocates of the higher medical education were somewhat cast down by this latter move, but they were rallied again by the plausible statements of Bellevue,—statements which created the belief that although retiring from the Association there would be no back down from its stand in regard to medical education. The knowing ones, however, knew better and were not entirely unprepared for the complete flattening out which has been announced in a circular which has just been received.

"The experience of the session of 1880–'81" says the circular, "has led the Faculty reluctantly to the conclusion, that to persist in the requirement of attendance during three courses will be to incur a risk, as regards the interests of the college, which they do not feel justified in assuming; and the purpose of this announcement is to state that, after the present session of 1880–'81, attendance during a third session will be optional and not obligatory. This college, like most American medical colleges, is self-sustaining; and the special provisions for instruction, which have been and will continue to be maintained, call for a large expenditure of money as well as of time and labor. With an undiminished desire to continue the requirement of three sessions and with not less willingness than heretofore to make whatever personal sacrifices may be necessary, the Faculty feel obliged, by a proper regard for the prosperity and usefulness of the college, to return to the requirements for graduation which were in force prior to the session of 1880–'81. In making the changes introduced during this session, it was foreseen that, a large proportion of the students in this college coming from distant parts of the United States, the necessary expenses of spending three winters in the city of New York, would render difficult or impossible the attendance of many who would otherwise join the classes. Many students, of course, would be led to attend other colleges which require only two sessions for graduation. It was hoped, however, that the progressive movement of the Bellevue Hospital Medical College would secure approval and co-operation on the part of the medical profession sufficient to render the change feasible. In so far as a judgement can be formed from the present session, the profession is not prepared to sustain the movement." *Sic transit gloria mundi.*

And is it so that the profession are not ready for an advance in the cause of a higher medical education? Do they not think that attendance on two courses of study is insufficient to enable the average student to place himself abreast of the science of medicine as it is understood in these latter days? Is it possible that the resolutions of medical societies and the editorials of medical journals have been the mere "cackling of the burg" instead of the "murmur of of the town?" We cannot believe it so, and will continue of the opinion that had Bellevue not so soon shown the white feather the stand which she had taken would before long have been endorsed by classes fully as large, and incomparably superior in all the qualities of mind which are yearly becoming more and more indispensable to the successful practitioner, to the rabble which its open doors and shortened curriculum will attract to it. Bellevue has shown herself unworthy to be a leader in this reform; she is not made of the proper stuff, and in assuming the position of leader she but repeated the farce of the jackdaw which clothed itself in the borrowed peacock's plumes.

The eastern schools, Harvard alone excepted, are are afraid to take a stand in regard to this matter of the higher medical education, fearful lest their classes will fall off, and thus their revenues be diminished. They are all as mercenary as Bellevue has with charming ingenuousness declared herself to be, and the profession must look elsewhere than to the populous cities of the Atlantic for a much needed reform.

We shall in our next enquire into the claims of the eastern schools to superior advantages to the medical student.

House Plants and Phthisis.

It is the popular impresson, encouraged perhaps to no inconsiderable extent by professional opinion, that the presnce of house plants in living, and especially in sleeping apartments is injurious to health. But notwithstanding this opinion the prejudice against these chaste and grateful ornaments has never been sufficiently strong to overcome the æsthetic instincts of the people. House plants are consequently not only tolerated, but cultivated to an extent which makes it desirable and necessary for the hygienist to understand to what extent, if any, they are incompatible with health.

Dr. J. M. Anders in the Philadelphia *Medical Times** discusses this subject quite fully and in a manner calculated to convince the reader not only of the innocency of house plants but of their positive value as hygienic, and even as therapeutic measures. Although three of the chief functions of plant-life are the absorption of carbonic acid, the exhalation of oxygen and the generation of ozone, experiments have conclusively shown that this absorption and exhalation are too slowly conducted to either improve or vitiate the air. There is, however, another process in plants of greater importance than either of these named, viz., that of *transpiration*, or exhalation of moisture by the leaves. The average rate of transpiration for plants having soft thin leaves, as the geranium, lantana, etc., is one and a half ounces (by weight) of watery vapor per square foot of leaf surface for twelve diurnal hours of clear weather. An indoor plant transpires more than half as much as one in the open air. It will thus appear that plants must very materially raise the proportion of aqueous vapor in the air of closed apartments and the fact has been demonstrated by observation with the hydrometer. The importance of plants in houses heated by dry-air furnaces is thus apparent. The peculiar effects of dry air on human beings are well known to the progressive practitioner. With respect to this question, Stillé observes: "A great demand is made upon the system to supply the air with moisture; the skin and pulmonary mucous membrane are dried, and a condition is induced which is expressed in irritability of the nervous system, paleness and susceptibility of the skin to cold, liability to pulmonary diseases, and, in a word, deterioration of all the faculties."

It is chiefly in diseases of a chronic nature, and particularly those of the lungs or air passages, that we should look for benefit from stocking the sick-room with growing plants, for it is in such cases that dry heat does the most harm. "But," says Dr. Anders, "it is in the sweeping disease, phthisis, that plants offer the best hope of success as therapeutic agents. The importance of this point demands that it should receive careful attention." Deeming it necessary that the experimental data should receive supporting evidence of an unequivocal character before the efficacy of plants in phthisis would be firmly established, Dr. Anders opened a correspondence with some prominent practitioners, besides instituting inquiries of those in the immediate range of his acquaintance. Only one of the medical gentlemen, however, whom he consulted, Dr. Hiram Corson, of Conshohocken, Pa., had anything definite to offer. He gave the history of his own family, clearly a consumption one, in which there had been many deaths from phthisis. In the case of a sister who had been pronounced a victim of tubercular consumption death was averted and life prolonged to an old age apparently through the influence of house plants, of which she was an enthusiastic cultivator. A number of other instances, both of phthisis and other affections, are related in which the beneficial influence of house plants seemed clear.

In order to facilitate a practical application of the data gained by experiment, Dr. Anders gives the following formula:

"Given a room twenty feet long, twelve feet wide, and ceiling twelve feet high, warmed by dry air, a dozen thrify plants with soft, thin leaves and a leaf-surface of six square feet each would, if well wattered, and so situated as to receive the direct rays of the sun (preferably the morning sun) for at least several hours, raise the proportion of aqueous vapor to about the health standard.

This formula may serve as a guide in the use of plants for hygienic purposes; but under conditions of actual disease it will be necessary to increase the proportion of plants according to the degree of humidity sought, or as the indications of individual cases may demand.

It should be stated that to obtain the best results, both the rooms occupied during the day and the sleeping apartments should contain plants. It was for a long time the opinion of scientific interpreters generally, that plants in sleeping-apartments were unwholesome because of their giving off carbonic acid gas at night; but it has been shown by experiment that it would require twenty thrifty plants to produce an amount of the gas equivalent to that exhaled by one baby-sleeper; so this is no valid objection to their admission, and not to be compared with the benefit arising from their presence."

In the *Times* of the 26th ult. Dr. Ely McClellan, U. S. A., relates another case in which houseplants seem to have exerted a prophylactic influence in a member of a family of a decidedly tubercular diathesis.

The evidence thus far adduced is, of course, scarcely sufficient to establish any hygienic, and much less any therapeutic virtue for house plants, but certainly the facts reported should encourage investigation, and we give them to that end.

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The New Michigan Anatomy Act.

A bill which was introduced to the present legislature of this State, and which has become law, makes some very important changes in the method of the disposition of deceased paupers and criminals. Under the old act any friend might claim the body.

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*May, 1880.

and thus secure its interment; now, however, only relatives and legal representatives have that privilege. The old act was practically prohibitory of the medical colleges receiving their legitimate material, for it usually happened that on the death of a pauper or criminal, the body being unclaimed by relatives, that some "friend" entertaining sentimental views regarding the enormity of human dissection, would interpose and secure a burial.

Under the new Act the Demonstrator of Anatomy in the University is made receiver and distributor of the cadavers from the prisons and poor-houses of the State. Unless the body is claimed within thirty-six hours after its decease the keeper of prison or poor-house shall ship it to the University dissecting rooms, where it shall be properly "embalmed or put in a state of preservation," and be still subject to the claim, on the payment of expenses incurred, of relatives or legal representatives for ten more days. At the expiration of this time bodies thus received "shall be used for the advancement of anatomical science in the State and in the following institutions of learning only, viz.: The University of Michigan, the Detroit Medical College and the Michigan College of Medicine. And the said bodies shall be distributed to and among the same equitably, and in the order in which they are received, and the number assigned to each by said demonstrator of anatomy shall be proportional to that of its students in actual attendance. And each of said institutions shall pay quarterly to said demonstrator its ratable proportion of the expenses borne and incurred under this act."

The expenses incurred will consist of a sum not to exceed fifteen dollars which the demonstrator shall pay the keeper of the poor-house or prison for each body received to cover the expense of boxing and shipping, and the cost of "embalming or putting in a state of preservation."

The main features of the act are commendable The other schools of the State will, of course, under it be very largely at the mercy of the University for such supply of material as comes from this State, and much to them will depend on the integrity of the gentleman acting as demonstrator in the aforesaid institution.

Miscellany.

THE IDEAL PHYSICAN.—"Signor Max," in our city contemporary, the *Free Press*, has recently had a series of admirable articles in which the profession has been reviewed from an intelligent lay standpoint. We give the following beautiful tribute from one of these on the "Ideal Physician:"

"Strictly speaking, the ideal is a creature entirely of the imagination. Physicians are tangible facts. We must therefore here restrict the ideal within the bounds of reasonable human possibilities, because it is not proposed to make an impossibe standard. My respect for the major ethics of the professsion obliges me to soar very high, however; and the physician who mounts with me must plume his pinions for no feeble flight.

Technical education is the first consideration. Without it no man can sit for the portrait which has taken form and body in my mind. I may therefore pass the question of the ideal physician's fitness to enter the career, and begin with him full-fledged.

He subscribes to the spirit and letter of that clause of the Code which declares "that there is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical." In his private and his professional life he is constantly loyal to the highest standard of personal purity. When occasions come he is ready to quicken and confirm all good resolves of moral bankrupts whom he finds on beds of pain. Therein he is the minister of virtue, whose authoritative counsel results in more practical good than all other moral medicines compounded in that laboratory we call the world. Nor is this influence restricted to his patients. His associates in the faculty feel its tonic and animating effects; and they in turn learn to administer it to others as an elixir to restore the moral healthfulness of whole communities. He is the man whose sympathies broaden and deepen as human frailties multiply within his vision, and every day's experience starts into renewed activity his consciousness of the sacred character of his trust. He is the faithful depository of the secrets of our physical and moral infirmities. Beyond his lips these never go. Priest nor confessional is so burdened as he, and the relentless world has no rack or thumbscrew devilishly ingenious enough to wring from him one secret, one confidence on which he has turned the key and once shut out inquisitorial eyes. It is small wonder that the grandeur of such a character is softened and subdued by compassion. It is a *great marvel* that he remains courageous, self-poised, erect, strong and helpful in the midst of our enfeeblements. You shall follow him on his round; take note of the gentle patience that marks his intercourse with unreasoning, disordered and tetchy humanity; partake of the cheeriness which he carries into its abiding places; observe his alert and anxious watchfulness for every fluctuation of disease; be witness to those rebellious moods which are the demons that often sit chattering and grinning by the sick man's pillow —do all these things and you shall not find him surrender that grand superiority which is his warrant of command where life and death are in the heat of conflict. He waves his magician's wand, and Delerium yields the battle ground to Sleep; he speaks a reassuring word, and the smiles of Hope chase hence the quiver on the lips of Fear; he issues his commands, and Obedience flies to do his bidding. None may question him or doubt his supremacy. The bedside is Kingdom by right of conquest over disease. There he is royal—his throne the hearts of those to whose beloved he has brought the healing balm; his scepter their greatful blessings, and his crown the suffering he has conquered. Honor him, all men ; honor the King !

The Ideal Physician has none of that cynicism which is a distinguishing sign of meaner minds. Human obliquities never excite in him anger or derision. Contrarily, they quicken the sympathetic impulse of his expanding and generous nature, and he is chiefly concerned to set them straight. He believes in the greatness and the dignity of his calling; he manfully accepts its toilful days and broken nights. Our poor, pitiful cries for help ringing in his ears as the bugle call rings in the ears of the warrior, urging him to action, no matter what the sacrifice, no matter what the danger. He has none of

> 'The fierce joy that warriors feel
> In foemen worthy of their steel.'

Yet with heart and brain and conscience aroused—alive to the swift exigency of the hour—he gives battle to the insidious foe of all the race of man. It is a thrilling fight, but the world does not witness it. Glory is not one of the rewards of his intrepidity. Men do not shout when he rides by, nor do the printing presses of a nation multiply the story of his achievements. It is for those who kill that such honors are reserved. It is to their own approving conscience that those who save must look for recognition. The qualities that make the Ideal Physician would have made him Philip Sidney had chance thrown him into the same arena. The difference is only in the environment. Their great souls are brothers. I hope to see them when they meet 'in the world that sets this right.'"

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Michigan College of Medicine.—The first annual commencement exercises of this institution were held at Whitney's Grand Opera House in this city on the evening of the 3rd inst. The auditorium was filled to overflowing with a brilliant assemblage of citizens, and the following programme was presented :

1. March—King Karrct................Beyer.
SPEIL'S ORCHESTRA.
2. Address to the Public.
REV. T. B. FORBUSH.
3. Overture—Pirates of Penzance. . .Sullivan.
SPEIL'S ORCHESTRA.
4. Conferring of Degrees.
HON. SIDNEY D. MILLER, PRESIDENT BOARD OF TRUSTEES.
5. Potpourri—Modern Times............Speil.
SPEIL'S ORCHESTRA.
6. Address to Graduates.
PROF. H. F. LYSTER, M. D.
7. Introduction and Walzes—My Dream... Waldteufel.
SPEIL'S ORCHESTRA.

The following is the list of the gentlemen receiving the degree of the doctorate :

Bailey, Charles E., Ann Arbor, Mich.
Bell, Samuel, Barnesville, King's County, N. B.
Black, Josiah, Windsor, Ont.
Carey, Alfred W., Columbiaville, Mich.
Chadwick, H. J., Hart, Mich.
Cole, Will L., Orion, Mich.
Downing, Horace W., Brown's Valley, Minn.
Ewing, F. Walter, Winterset, Iowa.
Farly, Francis Xavier, Belle River, Ont.
Gawley, George C., Detroit, Mich.
Jones, Freeman N., Grand Ledge, Mich.
Kauffman, Eugene J., Detroit, Mich.
Kenning, Thomas, Berlin, Ont.
Lemon, John H., Whitmore Lake, Mich.
Lobdell John H., Flat Rock, Mich.
Pasco, Mark S., Detroit, Mich.
Perrin, Charles A., Charlevoix, Mich.
Rankin, Anna S., Detroit, Mich.
Robinson, William J., Leamington, Ont.
Ross, Geordon W. A., Embro, Ont.
Shackleford, Fernando, W., Shelby, Ohio.
Shattuck, G. S., Detroit, Mich.
Spencer, B. C. H., Detroit, Mich.
Vercoe James, Seaforth, Ont.
Watson, D. M., Detroit, Mich.
Weaver, Frank A., Charlotte, Mich.
Weaver, John B., Charlotte, Mich.
Wisner, Calvin A., Otisville, Mich.

These had all attended the requisite time at other colleges and took their final session at this institution.

The address of Prof. Lyster is published elsewhere in this number of the News.

At the close of the exercises at the Opera House an elegant reception was given the graduates and invited guests to the number of upwards of three hundred at the residence of Prof. William Brodie.

The first course of lectures of the Michigan College of Medicine was a singularly successful one both as regards the number of students in attendance (fifty-six in all), and the facilities which the new institution was enabled to offer. The Michigan College of Medicine is now fairly launched, and having taken its stand on the side of an advanced medical education is before the profession on that platform.

The preliminary or spring session commenced on the 8th inst., and will continue for fourteen weeks. The number of students already in attendance indicates a large class as the regular winter session which opens in September.

◆

Men as Nurses.—The *Lancet* represents what may be called the hide-bound conservative English medical opinion. Not only does it scorn women as doctors, but now it intimates that they are not much as nurses. In the issue for December 11th it says, editorially :

"It is a mistake to suppose that women are necessarily the only good nurses. In the opinion of some persons who claim to be judges of the question, they are neither so quiet, so self-possessed, so precise, nor so strong as men. It is alleged that no man who has been nursed by a gentle-handed male servant would desire, in any subsequent illness, to be attended by a female. It is said that whatever element of the female character or influence is desired in the sick chamber, can be best contributed by the presence of a mother, or a wife, or a sister. When the circumstances exclude these forms of the luxury it can seldom be a necessity. If the employment of men to nurse men were encouraged a great difficulty would be surmounted, and a good social reform begun. The whole subject is one of pressing interest, and the hints we have nown thrown out are intended to state the question rather than to discuss it. There is urgent need to uproot growing prejudices, and to amend grave errors and misconceptions to which special circumstances have given rise.—*Med. and Surg. Reporter.*

◆

Leprosy in the U. S.—At a meeting of the New York Academy of Medicine, held January 20, 1881, the following resolution was adopted :

Resolved, That a committee be appointed by the President to investigate the extent to which Leprosy prevails in the United States.

The president appointed as such Committee, Drs. H. G. Piffard, F. R. Sturgis, and G. H. Fox.

The Committee are desirous of ascertaining the actual number of Lepers in this country at the present time, and to that end respectfully request any physician who may know of the existence of a case in his neighborhood to communicate the fact to the Chairman of the Committee, at No. 10 West 35th St., New York.

◆

A genius in the *Medical and Surgical Reporter* suggests a system of weights and measures which is much more ridiculous and scarcely less cumbersome than the metric. He would discard the ℈, ʒ and ℥ signs and substitute X, Y, Z. He would then "express all quantities in grains and minims, provided that they shall be so grouped as properly to represent grains, minims, drachms, ounces, etc. **Thus**:

X^{d}_{g} j=1 gr. Y^{d}_{g} j=60 grs. or ʒ. Z^{d}_{g} j≐480 grs. or ℥, and Z^{d}_{g}xij=5760 grs. or lb.

"Further explanation," he says, "is unnecessary," *e, g.*:

℞ Antimonii et pot.. tartaris, X^{d}_{g}v
Morphiæ muriatis, X^{d}_{g}jv.
Extractum ipecac. fluidum
Ex. hyoscyam. fluidum, āā Y♏iijss.
Aquæ, q. s. ad. Z♏v.
Agitans.

This, it will be admitted, is beautifully clear. We submit it as an illustration of the vagaries of the human mind, and would suggest that the gentleman take a course in some very elementary work in Latin before he again airs himself.

Maryland Medical Journal:—A syndicate in Philadelphia now holds six hundred cases of opium, of two hundred pounds each, valued at a million and a half dollars. As a result, opium which a few months ago sold for two dollars and a half a pound is now worth six dollars. The weekly consumption in the United States is about ten thousand pounds, and as but a small quantity is in the hands of legitimate trade, the price will, in all probability, advance much higher before the next crop will be in the market, some six months hence. Doctors who take margins on wheat might profitably turn attention to the opium market.

The 32nd Annual Session of the American Medical Association will be held at Richmond, Va., on Tuesday, Wednesday, Thursday and Friday, May 3, 4, 5, 6.

Secretaries of Medical Societies entitled to representation are requested to send in the names of delegates *at once* to Dr. W. B. Atkinson, the Permanent secretary, 1400 Pine St., Philadelphia.

Parties desiring to read papers are required by the by-laws to send either the paper or its *title* and *length* (not to exceed twenty minutes) to the chairman of the Committee of Arrangements at least one month before the meeting. The chairman in the present instance is Dr. F. D. Cunningham Richmond, Va.

If the inferior grade of paper on which the last number of the News was printed had been due to any fault of ours we should hardly feel like asking the forbearance of our readers. A stock of paper which our printer had ordered was destroyed by the flood at Toledo, and before it could be replaced the date of issue had arrived. It was impossible to secure a sufficient supply to run off our edition at any of our paper stores, and it was found necessary to use the inferior stock.

Proceedings King's County Medical Society commenting on the reported occurrence of scarlatina in some English families who had eaten American hams, says that this occurrence adds a new attraction to this article of diet. It has been distinctly proven that all American hams that go abroad have trichinæ within their substance, while their envelope is sure to be enriched with lead in the form of chromate. We await further developments.

The *Illustrated Scientific News* is the name of a new monthly journal whose object is indicated in its title. Munn & Co., the publishers of the *Scientific American* are the editors and proprietors, which statement will be accepted as a sufficient guarantee of the journal's worth. Price, $1.50 a year.

The *Medical Bulletin* has discovered a cause of the increased prevalence of phthisis in the community in an advertising card of a certain brand of extract of beef which it had sent it. This card had very significantly printed in one corner of it the following : "Consumption increased ten fold since the formation of this company."

The examiner in therapeutics has a rather unsatisfactory candidate before him. "What would you do if you had a case of typhoid fever to treat?" No reply. "Suppose that complications should arise what means would you adopt?" "I should call you in consultation," was the answer, and the candidate passed.

The enterprise which characterizes the business management of the N. Y. *Medical Record* has another illustration in the very tasty calender which appears as a supplement to issue of the 26th ult.

Original Articles.

Address to the Graduates of the Michigan College of Medicine at the Commencement Exercises Held March 8., 1881.

BY HENRY F. LYSTER, M. D., PROFESSOR OF PRINCILES AND PRACTICE OF MEDICINE AND CLINICAL MEDICINE.

When the chairman of the committee on arrangements invited me address you, he offered me no suggestions or ideas, but a sort of Mede and Persian-like expression settled upon his countenance as he remarked: "Limit yourself to twenty minutes," and an echo came back from the faculty endorsing the sentiment, if such it could be called, of this complimentary order.

I mention this to put you at your ease with remight gard to time, though I can imagine that words be spoken upon so important an occasion in your lives as the present, even in twenty minutes, which if they fell upon fallow ground would spring up and bear a perennial harvest.

I have known the contract for a life partnership made in less time, and sealed only with a kiss, that most evanescent of all stamps, and one requiring frequent renewal.

It may seem rather *mal a propos* to introduce any thoughts at this time by a remark I once heard at a funeral. The melancholy occasion however had really nothing more to do with it, than to afford the opportunity for four doctors to be driven in the same carriage.

The deceased, a venerable lady, had *not* suffered much from many physicians in her life time, but she had endeared herself to many friends, among whom were the four physicians attending who were honored by being placed in the procession in a carriage next the officiating clergyman. Two of the physicians had retired from practice and were engaged in the manufacture of iron. My friend asked one of them how it was, that when physicians gave up the profession they seemed to be naturally attracted by iron? The gentleman addressed, wittily and truly replied, "that after practising medicine a number of years the iron entered into your soul."

The experiences which have come to me in more than twenty years of professional life, have been cut deeply in as with the iron tool of the engraver. Happy would be the lot of the young physician who would accept the experiences of those professional elders about him, as he sails out of the college harbor, instead of having to suffer ship-wreck every now and then upon the broad sea of professional life, with its calms and storms, its reefs and collisions! And not the least bitter among his retrospective reflections will be those which prove to him that many of his reverses might have been avoided if he had seasoned the mass of his general information with a grain or two of common sense!

Some of the views I will present, may not seem to be as flattering as your taste would accept, nor are they intended to be wholly personal to yourselves, but if they serve to catch your attention, and to receive your subsequent reflection upon them, my object will be accomplished and their introduction here, will, I trust, be excused on account of their truthfulness.

It has been asserted by teachers, that fully one fourth of those fill the classes of our medical colleges in this country, do not belong there; their previous education does not qualify them to receive the lectures, and the other instruction of a scientific character, neither does their taste nor inclination determine them in the direction of true professional work. Many persons not unfrequently including the students in question themselves, are at a loss to know the reason why they are there. Propinquity which determines so many other strange alliances, is no doubt largely responsible for their unhappy yoking.

How pleasant it is to be able to speak plainly on this matter, without giving offence; only twenty-five per cent. being condemned, leaves an opportunity for every one to consider himself as belonging to the remaining seventy-five per cent. who are able to give a reason for the faith which is in them. This is not uncommonly done by most of us, when we listen to the deductions made from his text by the clergyman, and apply them to those in our vicinity with whose earthly matters. we are familiar! Many of those who reach for a diploma should be enquiring for a spelling book, and first lessions in easy English prose. With such a beginning is it difficult to determine the fate of a large proportion of the medical graduates, or to understand why it is that the profession does not take a higher stand with the people, and why medicine instead of being a scientific profession is largely practiced as a mere trade, with the wits of the practitioner sharpened, rather in the way of medical clap-trap, to deceive and retain a constituency, than in the direction of legitimate ends?

The standing of the profession is determined by those who enter it. It is impossible to make it scientific if those who largely compose its ranks are incapable of scientific work, and without the thorough foundation of a general education, the intricate problems of science cannot be received. This leaves the burden of professional progress to a few active and cultivated minds, but, unfortunately the status of the profession is determined fully as much by the drones of the hive as by the workers. It rests largely upon you to discourage those who are not well prepared from entering upon the study of medicine, and to advise those only to pursue it who will not only prove capable of creditably entering the practice, but who may be depended upon to keep it abreast of the scientific opinions and acquirements of the day.

Do not make a trade of your profession, and associate it with the idea of pecuniary gain, nor with the sale of drugs and medicines. Trades are honorable, business is honorable, honest labor of any kind is honorable but do not associate your profession with the commercial idea of values, with money. If you wish to go into business, do so, but pray leave your diploma behind you. You cannot combine medicine with anything beside letters and science. When from the vicissitudes of fortune, a member of the old French noblesse felt compelled to go into commercial business to restore his ruined estate, he took his sword and armorial bearings and hung them up at the mayor's office, nor did he seek to redeem them, until after he had retrieved his fortunes, and retired from active business interests. The same respect should be shown the noble profession of your adoption as was shown to heraldry by the sensitive nature of the gentleman.

In endeavoring to distinguish between medicine as a profession, and a scientific field large enough to deserve the best efforts of the most able minds, and an occupation ministering to the care and well-being of humanity, and medicine considered as a business and associated with trade, I only draw inferences which will apply in a degree to the other learned professions as well. The artist who forgets his true obligation to his art, and laying aside his brushes and pallette, seeks to manipulate the market on chromos of his best paintings can no longer hope to retain even a spark of the sacred inspiration which throws a halo of glory around the works of Michael Angelo and Raphael. The authors of Henry Esmond and Adam Bede could hardly have dealt in printing and book-binding, and have subsequently produced the Virginians and Middlemarch, and other works of a like quality. The clergyman whose attention is given chiefly during the week to forwarding the advantageous sale of pews in his church can hardly hope to electrify his audience by any bursts of inspired eloquence on Sunday. The profession requires your whole time and interest, and the community demand this of you, otherwise they will not bestow their fullest trust and confidence.

The old precept that the laborer is worthy of his hire, is true in medicine, as it is everywhere. "They who wait at the altar, are partakers with the altar" is good law.

If your profession will not give you a support, I do not mean a bare sustenance, but as good an income as you can secure in other occupations, the world does not ask you to remain in it, nor will it show any gratitude if you do, or much interest in the matter in *any* event.

If your medical services are of value they will be sooner or later appreciated by those who are able to pay for them a proper and sufficient compensation. To such beware of offering them gratuitously, remembering that it is one of the weaknesses of human nature, *not to value that which costs nothing.*

None are more ready to turn inside out a medical opinion, or indeed the professional value of the medical man himself, and fly off to this and that ism and pathy, than those whom you have been attending for years without fee or hope of reward. I mention this very common experience, not to check you in charitable work, but to caution you against making an exception of any class, always excepting the destitute poor. As a class, these in reality belong to the community wherever they may be,. and should be provided for by the commonwealth according to their needs and disability, but individually they appeal to the physician with a double interest, for poverty associated with sickness makes them indeed helpless. You must not forget that they have been your instructors in the hospital clinic and in the dispensary, and that from them will be learned the earlier lessons of your practice.

You stand to-day, as it were, upon the border lands of an unknown country into which you are about to pass; the distant hills are to a greater or less extent obscured by the shadows of clouds which rest about them ; and the valleys are covered by the misty purple veil which distance hangs before our eyes. Like Pilgrim, on his progress to the Celestial City, you will be forced to climb the hill Difficulty, and sometimes find yourselves almost stalled in the slough of Despond. May you at last emerge triumphant, strengthened, and not overcome by the trials, and temptations of your professional pilgrimage!

"Facilis est decensus Averni, sed attolleri gradum hic labor hoc opus est."

Up to this hour the college has been to you *in loco parentis*, your governor and guardian. It has pointed out to you the various paths which you should follow in the pursuit of knowledge, and has endeavored to instill in your minds the all important fact that *all things change except the truth.*

Theories, however plausible they may appear, however satisfactorily they may be constructed, will fade like the mists of the morning before the rising sun, under the rays of light which truth lets in upon them, unless their foundations have been built upon the right.

The parchment which this college gives you will be a passport to the bearer who presents it at the portals of the profession, but it will not prove a shield to him in wrong doing or ward off the shafts of public opinion. The members of the graduating class owe an obligation to the profession whose endorsement they have received.

You are entering your professional career at a time when men are tired of mysticism and theorizing, and are requiring the light of scientific research to be thrown upon your work. The days in which the doctor made his tedious round, a worthy dispenser of calomel and jalap, a tenacious disciple of Rush and Tully, have gone by with the vague theories of those times. The era of scientific medicine is at hand, and he who enters the arena of the sciences must carry with him no defensive armor save reason. The man who ties to a dogma is lost as a scientific thinker.

You will find at this time a tendency to specialties in the practice; some of these are necessary; others present rather slender claims to general recognition. Specialists are, in many cases, inclined to see pathological conditions in those who appear to the general practitioner comparatively well persons; a gift of divination, as it were, seems to have been bestowed upon them.

You will each determine for himself, or circumstances may determine for you, whether or not you will devote yourselves to any special branch of the profession. Should you do so, beware of always discovering just those pathological conditions which it is to your interest to find; human nature is weak, and the temptation will be strong.

Yet without becoming a specialist I would advise you as a matter of professional satisfaction and interest, and because the general profession covers so extensive a field, to pay special attention to some one department above the rest, in order that you may feel fully abreast of the professional opinion of the day, however scientific, in that branch.

The same qualities which bring success in any pursuit of life will hold their controlling influence in yours; promptness, industry, and observation, should all be cultivated. No matter how successful you may be in your professional careers, you have before you lines of hard and continual study; you must qualify yourself by constant, patient reading. You have but begun your work in this respect.

Besides your medical reading, you should cultivate a correct literary taste; nothing stamps a man more than the companionship of books. The study of nature in all is forms must not be neglected, in it you have the foundations of all true medical science. The discoveries in science are only the interpretations of nature's laws; and their application to medicine is only the use of natural measures. To be a scientific observer of nature, a good botanist, or geologist, will enhance the value of your medical opinion. A good naturalist who has reasoned upon the intricate problems which has been presented to him at every step, who has been able to extract the kernel of truth from the husk of unimportant matter, is in good training to find out the morbid principles which destroy health, and produce disease, and to seek for and administer the appropriate remedies.

You will gain much by reflection—you should carry your interesting cases with you in your mind, and try to solve the problems that may be involved. He who after having prescribed dismisses his patient from his mind, as he puts on his hat and gloves, and leaves the house, does not fully perform the duty of a faithful and conscientious physician.

There is no occasion for me to speak to you of temperance. By the chairs of chemistry and physiology you have been taught the effects of alcoholic liquors, and from other chairs their therapeutical value has been discussed. If you sin in this respect, you do so knowingly, and with your eyes open. The ignorant man who indulges to excess in alcoholic stimulants, cannot be held to that moral responsibility which belongs to one who has been taught to wield them as powerful weapons against disease. You know that the habitual use of stimulants blunts the understanding, undermines the vitality, and induces the degenerative changes of old age before their tim . Remember the old age that comes with temperance, as beautifully portrayed by Shakespere:

> " Though I look old, yet I am strong and lusty,
> For in my youth I never did apply
> Hot and rebellious liquors in my blood;
> Nor did not with unbashful forehead woo
> The means of weakness and debility.
> Therefore, my age is as a lusty winter;
> Frosty, but kindly—"

The cultivation of the moral and religious nature is becoming to the physician. There is something about the bed of sickness, that resting place which is often the last this side of the eternal rest, those offices of the physician when hope long lingering has finally departed, those sacred moments when the spirit is struggling to free itself from the frail tenement of clay to rise to realms beyond our mortal vision, that is in keeping only with pure thoughts, and an upright walk in life.

You may perhaps feel to-night something like envy of those who have acquired an assured standing in the profession, and who have given years of servitude for the privilege of working hard at the last. We may better envy you, whom we are sending out into the world, and if you could give us back the quarter of a century of life, and relieve us from all the errors we have made, the sins of omission as well as those we have committed, we would gladly take your places at the gateway of the profession. We envy you your opportunities, those golden opportunities which come only to the youth; and which if embraced enrich a whole lifetime; but if lost, never come back to us again! Our hearts go out to you, as we reach our hands to clasp yours for one moment before you go, bidding you bear with you our parting message:—that above your profession, above success in it, you should hold your kingly manhood as beyond all price. "Keep innocency, and take heed unto the thing that is right, for that shall bring a man peace at the last."

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Exophthalmic Goitre, with a Case.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

Twenty-two years ago when I was attending medical college, the Professor of Surgery, lecturing on the subject of goitre, said: "Gentlemen there are two kinds of goitre; the pulsating and the non-pulsating. The pulsating form is not curable and the non-pulsating is." That was the extent of his knowledge on the subject and was substantially the generally accepted view. Since then it has been observed that exophthalmos, or protrusion of the eye, usually accompanied the pulsating goitre. The disease has also been variously described by Graves Basedow, and Stokes, and their names have become associated with the disorder so that it is known in other countries as Graves' or Basedow's disease. The practice of affixing names of the writers to a disease is discountenanced in this country, because there are too many men who are ambitious to go down to posterity in that connection as the discoverers of new diseases, and because the custom gives no idea of the nature of the malady. This form of goitre is spoken of as a "singular" affection (Bartholow) a "curious" malady (Da Costa et al) as though it were bizarre in its nature. The singular and curious part is that they do not understand it.

The name implies a disease involving undue prominence of the eyes and enlargement of the thyroid gland. It is accompanied by other subjective and objective symptoms, which with the exception of the marked emaciation are considered of minor importance. Hence the disease is seldom recognized until the two signs which are held to be pathognomonic of the disease, have become such prominent features that the careless observer cannot help but notice them. Then a diagnosis is made in a happy-go-lucky way, and he exclaims; "Oh! this is exophthalmic goitre!" As though the disease were playing hide-and-seek with him, and he knew what it was all the time but did not want to tell. But it is not made until there is much impairment of the nutritive function and derangement of the general health.

The exophthalmos is attributed to a variety of causes. "Continued distension of the intra-orbital vessels with *growth of fat* presses the eyeballs forward, and the exophthalmic state may be reduced by pressure. In fatal cases the eyes are observed to recede within the orbit after death." (Aiken). In emaciation of wasting disease the eyeballs always sink into the orbit, because the cushion of fat which surrounds them is absorbed. The foregoing therefore involves an absurdity, in that it supposes that growth of fat should occur in the orbit while the fatty tissues of all the rest of the body are being reduced. It also involves a contradiction, because the eyeballs would not recede after death if there was a growth of fat to prevent their sinking within the orbit. This is a specimen of the results of superficial observation. The truth is that exophthalmos is a sign of gangliasthenia, and is present in varying degree in nearly all the ganglionic diseases, as a symptom subjective or objective according to its prominence of valuable import when rightly interpreted. It is due to the contraction of an aponeurosis within the orbit. The existence of this muscle was first made known by two French anatomists. It has since been particularly studied and described by Müller and is now known as an orbito-ocular muscle. Irritation of the cervical ganglia produces contraction of this muscle and causes the eye-ball to protrude. "Growth of fat," forsooth! Tell that to the ma—neurologists.

The feeling of swollenness or bulging of the eye is a very common subjective sensation, but is seldom noticed. I have a note the reference of which is lost, but it is to this effect: Some physician, speaking of patients in the prodromic stage of typhus very naively says: "they *will not confess* to the uneasy nights, the capricious appetite which mark the period of its incubation." They are never asked about those things! In yellow fever exophthalmos is always present. In the epidemic of 1878 one patient describes this feeling by saying that "his tortured eyes seemed bound to jump out of their sockets." This feeling is nearly always present in the so-called "malarious" diseases. In sunstroke the eyes protrude from their sockets. The wide staring eye is the expression of terror and it seems probable that the emotion of fear has its seat in the particular ganglia which control the organs especially involved in the disease under consideration. The form of protrusion vulgarly known as "wall-eyes" is a striking feature in topers, and can be seen frequently in every day life. Patients seldom speak of this feeling unless they are particularly interrogated about it.

The enlargement of the thyroid is due to passive congestion of the gland. "This enlargement of the thyroid is not due to any proliferation of its proper tissue but entirely to the increased quantity of blood entering its vessels and distending it as water does a sponge." (Hammond.) This is correct. But again he says: "I am inclined to think that in the present state of our knowledge we are scarcely warranted in locating exophthalmic goitre in the ganglionic nervous system, and that we are justified in regarding it as an affection of the brain and medulla oblongata." This is incorrect. This is essentially a ganglionic disorder and its every symptom is a sign of gangliasthenia.

The symptoms not generally noted are: irascibility, great nervous excitability, flushing of the face, cardiac tumult on the smallest excitement or exercise, epistaxis, profuse perspirations, moisture in the eyes and falling of tears on the cheek, a tendency to diarrhœa, anorexia, vomiting, insomnia, cold hands and feet, and weariness.

Of these symptoms lachrymation is of very common occurrence in persons who are slightly gangliasthenic. People are often observed who have a tear-drop coursing down the cheek when facing a cold wind. This symptom in yellow fever, measles and the like is termed suffusion of the eye and constitutes a link binding these diseases in pathological relationship.

Exophthalmic goitre is a ganglionic disorder characterised by chronic general gangliasthenia with marked disturbance of particular ganglia. The emaciation, innutrition, mal-assimilation, pallor, anæmia, impairment of general health, and great debility of this disease are due to "malaria." Oh-h-h! prolonged and derisive all along the line.

Quid rides? Why, gentlemen, if their eminences had so taught, you would so believe. Strange to say they recognize the the true causes of this disease but not its true nature. Divest is of the features which give its name, and to what else than "malaria" with your present knowledge could or would you ascribe the disease? The case of Col. Dwight who died in Binghampton, N. Y., a few years ago was a notable instance of the kind. (I wish here to record the conviction that if the physicians who treated Col. Dwight had been conversant with the properties of the bromide of ammonium, and had employed it in his case that his death would have been prevented. They need not be "brash" in making a statement; it will do at some future time when they are thoroughly acquainted with the virtues of this bromide. The case is only one of thousands occurring daily.)

Changes in the character of the blood are the immediate results of passive congestion or the remote consequences of gangliasthenia. In the chronic forms of the condition the changes take place gradually. To appreciate the situation due consideration must be given to the mutual interdependence and physiological connection of nerves, vessels and blood. In general terms nerve force in derived from the blood; the blood is elaborated from pabulum; the changes wrought in the conversion of pabulum into blood are effected within the capillary area by the expenditure of nerve force. A series of events moving in a circle is constantly occurring within the body. There are three links in the chain: innervation, circulation, sanguification. The first of the series to give way, the first link to weaken from the action of depressing agencies is innervation; next in order as a consequence of the deficient innervation, comes diminished circulation (passive congestion); and then follows naturally deranged sanguification, deterioration of the blood, and these devitalizing changes proceed *pari passu*. This view makes nerve force the "life of the body." We must discard the chemical pathology of the present, abolish the antiquated doctrines of the "humoral" and revive the older ideas of the "vital," before we can arrive at clear notions of these diseases.

Here again environment determines the disease, the emotion of fear being an important factor exercising its influence with special effect on the stomach or rather on the solar plexus. (The sign "Leo" should preside over this organ.) This view makes the treatment plain. All efforts should be directed to restore the lost or diminished nerve power. With increased innervation the other functions will be performed in healthful order. The most efficient agent to renew the ganglionic nerve force is the bromide of ammonium. Its action checks vomiting and appetite returns. Under its continued influence all symptoms of impaired health disappear, color returns to the pallid cheek, the emaciated form is rounded out, sleep becomes sound, prolonged and refreshing, the protruding eye sinks back into its socket, the gland resumes its natural size and the heart's action becomes normal. Some adjuvants may be needed but they will be few and will suggest themselves.

Remark:—I would form a new class of medicines called "sthenics," and place this bromide at the head. The term tonic does not fit this agent. A tonic gives strength, this remedy as a "sthenic" gives force. Electricity would belong to this class.

I had used this remedy in a number of cases presenting the degree of exophthalmos recognised as wall-eyes. The protrusion was marked and unpleasant. In these cases the results were most satisfactory, the protruding eyes sank back into their natural position and the countenance became brighter and clearer, but I had never employed it in a decided case of exophthalmic goitre. An opportunity, however, offered itself in the practice of a neighboring physician in the fall of 1879 in which it was used under my directions with results as follows:

G. P., æt. 24, was a grocer's clerk and slept in his employer's store. He was of slender build and not possessed of robust health. One night about a year previously an attempt had been made to rob the store and the young man being of a timid nature was considerably frightened. After this he complained of feeling ill and week and generally became worse in spite of all treatment, until when I saw him he presented a well defined and unmistakeable case of exophthalmic goitre, the eyes being prominent and the gland large, pulsating and compressible. I suggested the use of the bromide of ammonium to his physician and it was at once prescribed. I saw the patient again six months afterwards. He had entirely recovered and looked young and vigorous. He told me that at first he took a dose four times a day, then three times, then twice and at the last he had only taken an occasional dose. The effects he described as magical from the first. His appetite became ravenous and it was only by the strongest effort that he could control it. His sleep had been always sound and undisturbed by the frightful dreams that were a terror to his sleeping hours. His convalescence was rapid and his health was fully restored. He used eight ounces of the bromide and took no other remey; he thought it a wonderful medicine, and indeed it is.

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Diphtheria; some Facts Bearing on its Contagiousness.

BY THOMAS BARLING, M. D., MINDON, WISCONSIN.

I have had considerable practice in diphtheria, since 1879, and am able to give you an account of an outbreak at Burr Oak, an isolated district, where I was personally acquainted with every case. I live in Leurs Valley, a very rich, fertile district, a range of Bluffs about 300 feet high, separates from Burr Oak; the Bluffs are mostly wooded, but in some places cultivated for wheat. On the Burr Oak side is a strip of fertile land near the Bluffs thickly inhabited, then about 3 miles of sandy land with few settlers, then the Black River, then North Bend, at which latter place the disease broke out with great violence in July 1879. I was in attendance there all through the outbreak and probably treated two-thirds of the cases, but as other medical men were also exercising their skill I could not from my own personal knowledge give a correct account of the whole. I confine myself to the outbreak at Burr

Oak, occurring as it did among the well-to-do settlers near the Bluff, they being isolated on the one side by the sandy plain, on the other by the dividing range of Bluffs.

The first case I was called to was the daughter of Mrs. P., on September 17, There had been no case of diphtheria previous to this, but about ten days before, L. A., a young woman who had just recovered from diphtheria at North Bend, went to church at Burr Oak, and walked home with Mrs. P.'s, daughter. She soon found she had the disease and when I saw her diphtheria was well developed; she recovered in about two weeks. I had no further cases there until November 29, but in the interim I was sent for to two cases, but could not attend, being so much engaged at North Bend; of these one the child of C., died; in another family, G. A., the wife and child were attacked, the chid died and the wife two or three months after came under my care still suffering from the effects of her severe attack. Yet another family were affected, in the same interval. C. F.; his youngest boy first had it, he was treated by another medical man for three or four weeks, and then came under my care; afterwards the wife and two other children were affected but all recovered. These all lived on the dividing range, the first two within a short distance of Mrs. P. Their way to the store most frequented by them would be by the road on which the cases I am about to describe occurred. First came Mrs. P., the family consisting of himself, wife and seven children. They had a good roomy house, one room was used as a hospital and the other as a living room; all seven children had the disease and all recovered. At the same date, for about a week, a boy, about 19, in the neighboring house, A. P., had an attack; many others were in this house all of whom I dosed, but he only had the disease. Next came S. P., husband, wife and seven children, Dec. 25 to Jan. 30; first the second boy, about 18, then all the rest of the children. These all promised to make a good recovery, but when they were about convalescent they all had a sharp attack of measles, six people down in one room and only the father and mother to attend to them; two of the girls caught cold, the measles "struck in," the diphtheria returned and they died; all the rest recovered. At the same time another family in the immediate neighborhood were seized; five in family besides father and mother, I. L. I did not attend here at first, and two died. I was then called in and found the son D. L., about 20, very sick indeed, but he pulled through; the other two children had it slightly and soon recovered. At the same time it attacked the family of I. H. also in the immediate neighborhood. Three years ago he had a wife and ten children, well-to-do and living in a very comfortable home. In the interim lost his wife and two children, and now diphtheria is in the house. I did not attend; two children quickly died. Another was attacked, and this time I was called in, but despite my efforts the poor girl, about 16, died. I told H., he had better tear down the paper in has room, burn the curtains, carpets and pictures, and get a good cleaning and whitewashing. He said they were clean people and he guessed he would not. I shall have to refer to this family again. About the same time the family of F. G., husband, wife and five or six children were attacked; all recovered. I shall also have to refer to this family again. At the same time the family of I. P., Dec. 18 to Jan. 12, were attacked, here also the disease complicated with measles, but all pulled through. There was now a lull till the warm weather came again. But about mid-summer 1880, there was a fresh outbreak and in the course of a few weeks I. H., lost three more children (not attended in either case by me) the eldest a beautiful girl, the acting mistress of the family, about 21 years of age. The next case I had to do with was shortly after the death of Miss H., when I was sent for to see M. P., a hired girl in the house of F. G., mentioned above, Aug. 21 to Sept. 24. They could not send the girl away as she was an orphan, but they got her sister to wait on her, who also took the disease. M. P., got well, and her sister E. P., after a severe attack also got well, but the disease did not affect any one else in the house, E. P., had in the mean time gone to the house of her brother Ed. P. I had previously seen his wife, given a dose of calomel to each of his children and enjoined great cleanliness. None of Ed. P.'s, family were affected. But F., husband, wife and ten children living in a small house near Ed. P., was attacked. I was sent for Sept. 18, I found a boy about eight very bad indeed. Mrs. F., was a clever woman with children and thought she could surely doctor diphtheria; I told them I did not think the boy would live, and he died about two hours after I left. The next day I persuaded them to fit up a work shop for the children and get them all out of the house. The house was well cleaned and whitewashed, after which two of the children had it slightly but soon recovered, the rest escaping, except a young lad about 16, he was confined to his bed in the diphtheria house with a slight wound from the chafe of a boot. I believe he became affected with the diphtheria poison and his leg was most difficult to heal, but he is now nearly well. Three other famlies in this immediate neighborhood were attacked, but no deaths occurred. I have yet three other cases to mention: I. A., was the brother of one of those mentioned above, living about two miles apart. The brothers had seen each other several times. I. A., his two children and hired man were all attacked with the disease. I thought they were all getting well, but I was away for two or three days; the youngest child they thought worse, and sent for another doctor, and the little girl died in about four days. The next case is in my own immediate neighborhood, two or three miles from I. A. Mrs. M., went to look for a hired girl near the house of I. A. She passed when the funeral was going on and went to a house where the inmates had been to the house of I. A. Mrs. M's., two girls took the disease but both recovered. Her immediate neighbor O. S., (family consisting of husband, wife and two children), had it badly about ten days after the M., girls were affected.

I must leave your readers to draw their own inferences from the above, and would ask them to refer to my mode of treatment as described in your issue of the 10th inst.

At the risk of lengthening this paper I feel constrained to add a little more. I was sent for yesterday to see H. R., wife, five children, and her mother and her father, nine in all. H. R., has a decided attack of diphtheria, pain in back, general fever, pulse 120, swollen neck glands, headache,. tonsils much swollen, slightly whitish, temperature in mouth over 100°. Now observe H. R's., farm corners on I. A's., where the child died, but they were careful to keep the children away, and no disease was propagated. I asked H. R., how he got it, and he said he could not tell. I then after thinking a little asked him if he had seen O. S., the one referred to above as the last case I treated. He said he had. O. S., and a friend were sawing fire wood by the side of the road. H. R., stopped to talk, and they came in close contact as a horse's mouth was examined by all three persons. This occurred about fourteen days ago, when O. S., was hardly fit to leave his house, and H. R., has felt poorly since the beginning of last week. I shall watch this case very carefully to see if the children can be saved but their surroundings are bad,—too much crowded.

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Inflammation of the Great Sciatica Nerve.

A CLINICAL LECTURE BY PROF. WM. PEPPER, M. D., PHILADELPHIA.

A. W., a robust sailor, always enjoyed good health until last summer, when he was sick for a space of six weeks or more. The principal symptoms of his attack were pain in the neighborhood of the sacrum, and in the hip behind the head of the thigh bone, thence radiating all the way down to the ankle. The pain was paroxysmal in its nature, and was always worse at night. Cramp and twitchings of the muscles of the calves of the legs were frequent. These symptoms were particularly marked in the right leg, the right foot at times feeling numb and dead. There was no swelling of his feet at any time. The right leg was not as strong as the left.

The above case is evidently one of sciatica, an affection the largest nerve trunk of the body. The symptoms of sciatica come on sometimes suddenly, and at other times very slowly, beginning so gradually that the earlier stages are very often entirely overlooked. The spot at which the pain begins depends upon the point of evolvement of the muscle. The pain may, in some instances, extend all the way up the leg to the crest of the ilium, thus involving the branches of the sciatic nerve. This pain is scarcely ever continuous, but comes on in paroxysms after longer or shorter intervals, as the case may be. Very often the least motion of the body will serve to bring on an attack. If you touch the patient he will cry out in agony. Changes of weather are believed to produce paroxysms of pain. In still other cases the pain is periodic, and will differ in extent upon different occasions. As a general thing it is localized high up, and radiates down the branches of the main trunk. The sensations of the affected part are perverted with numbness and tingling of the flesh. Occasionally the sensory function is permanently impaired. Again there may be distinct loss of power. If this symptom does not exist at first, the patient gradually finds it out. Another prominent symptom is spasm, which usually affects the calf and extensor muscles of the leg and thigh. The leg is often rendered very sensitive to cold. The nutrition of the muscles is destroyed, and they waste away. There is generally pain and tenderness at some one or more points over the course of the nerve trunk. The two points where the pain is most generally localized are at the sacro-sciatic notch, and just behind the head of the fenur.

Sciatica is as you may suppose, a very crippling and agonizing disease. Among the causes of sciatica may be enumerated all the influences which combine to produce neuralgic affections. A very frequent cause is a chronic malaria, which is very likely to affect all the nerves of the body. In other instances the origin of the symptoms would seem to have been associated with the absorption of lead, copper or mercury in some of their various forms. In chronic lead poisoning there is generally a neuralgia of almost all the nerves of the body. A third cause is inflammation of the sheath of the nerve, which becomes thickened, and so compresses the nerve-fibres. Rheumatism very often acts in this way, a rheumatic inflammation of the nerve-sheath or nerve substance standing at the root of a great many cases of the most obstinate and painful sciatica. In this case there is very decided inflammation of the fibrinous sheath of the nerve on the right side. The sheath and cellular tissue are both pinched, rendering the parts very painful and tender to the touch. The sensory branches, when pressed, give rise to the tingling. The gravity of the symptoms will, of course, depend upon the extent of the inflammation. If there is any neuritis, the loss of power and sensibility will, of course, be greater. Finally, as regards treatment: in a case of chronic malaria with chills and fever followed by neuralgia, the best treatment would undoubtedly be by quinia, iron, arsenic and belladonna. In many cases I have found that more relief was afforded by large doses of arsenic than by any other remedy. Occasionally I have injected the arsenic under the skin. If the sciatica be the result of lead poisoning, the appropriate treatment for that condition should be pursued. When there is distinct local inflammation I am accustomed to treat the disease with large doses of iodide of potassium and minute doses of the bichloride of mercury. As there is much pressure exerted upon the nerve-trunks, in this case the iodide of potassium will suffice. If we desire to cause absorption of inflammatory matters inside the sheath, the best way to do so is by means of severe blistering or by the actual cautery. The actual cautery.

in particular, has great absorbent action, and powerfully relieves over-sensibility of the nerves. In this present instance I have been using the actual cautery with the greatest success at the points where the pain has been most marked. Another excellent treatment is by hypodermic injection of morphia and atropia right down into the adjacent muscular structures. For this purpose we are in the habit of using here from one-sixth to one-fourth of a grain of morphia, and from one-ninetieth to one-sixtieth of a grain of atropia.

In employing this formula you must be careful as the disease subsides that the opium habit is broken. Indeed the formation of such a habit should be guarded against by intermitting the treatment from time to time. In still other cases, again, where the localized pain has been intense, I have derived most excellent results from the hypodermic injection of from eight to twelve minims of chloroform, taking great care to keep the needle out of the way of the arteries. Though incomparable as a temporary destroyer of pain, the effects of the chloroform are not very permanent.

Before leaving the subject, I may refer to the use of electricity in these cases. Galvanism is very quick in some instances to relieve pain. The mode of application should be with the positive pole at the seat of pain, and the negative pole along the nerve trunk. Where the muscles have wasted to any great extent the faradic current is the best. By some of the above mentioned agents you will generally be able to cut short the course of the disease.

Treatment of Displacements of the Uterus by Uterine Supporters and Pessaries.

BY LEWIS H. JONES, M. D., LYNCHBURG, VA.

A portion of the profession eschew entirely all pessaries and uterine supporters, and until quite lately I have belonged to that portion myself. It is not to be wondered at either when one looks at the numberless kinds and shapes of pessaries, especially when after having used almost all of them and that too without accomplishing anything except failure to benefit the patient and a corresponding loss of faith in her medical attendant. And with such an experience it was with much distrust that I was induced to try another, although I liked the design of the instrument in question. I referred to Dr. Herrick's "Soft Rubber and Silver wire Supporter," and since trying it I have. used perhaps a dozen with much better results than I ever expected to get from any mechanical contrivance, and I will briefly state why I believe it is superior to any and all other instruments of the kind. It is unlike all others in having a *soft* surface where it comes in contact with the tender uterine membrane, as it is a soft rubbber ring; again it fits up closely around the uterine neck thus leaving the *os* entirely clear, unlike cap instruments which no matter how made all press directly upon the end of the os, and by friction upon the tender membrane aided by the retained secretions *will* cause sooner or later ulceration if worn any length of time. The stem of Dr. Herrick's instrument is silver wire and is not unyielding like others but has spring to it so that it is worn with comfort, while it so small that is not constantly felt and consequently is not a source of annoyance. This pessary is the most perfect thing for versions ever made, as it is a complete lever, the ring fitting close around the neck acts as the fulcrum while the stem in the vagina is the lever with its free end held in place by the elastic rubber tubes passing through it, and then to the belt around the body, which entirely prevents the uterus from tipping in any direction unless it takes the ring and stem over with it, which is of course impossible. It is the only one. I ever saw that I will use and has completely revived my confidence in mechanical supporters in uterine diseases. It does its work well and that without acting to the vagina as a dilator as most other pessaries do, thus defeating their own object. It would bore my readers to detail all the cases I have used it upon so I will mention but one.

Mrs. K., æt. 60 years, and the mother of eight children, had suffered with prolapsus for 15 years, much of the time had kept her bed. Her trouble dated from the birth of her last child when the perineum was badly ruptured and had never been closed up. When I first saw her the uterus protruded through the vulva and was hanging between the thighs as big as a babe's head, and was covered with cracks and fissures from which a thin sanious pus was issuing, while the smell was almost too bad to be endured. This lady had worn almost all the pessaries and supporters ever invented to retain the uterus in place, the last a Babcock's supporter, but the uterus would tip out of the cup and slip down past it, prolapsing the vagina. When I mentioned using an instrument she at first refused to wear it saying she would pay for no more trash." However I put her in a Sim's position and after considerable trouble reduced the uterus to its natural position, washed out the organs and uterus with warm water and soap, and then used a wash of tannic acid, witch hazel and carbolic acid. After using this for a couple of days I applied a large sized Herrick's supporter and left her with instructions not to attempt to get out of bed for a week. The only other treatment I gave her was ergot in one-half teaspoonful doses four times a day, for the purpose of reducing the size of the uterus, with daily injections of the mixture mentioned before. The uterus has never since been out of place and the old lady says she feels perfectly well and better than for twenty years before. I proposed to operate upon the lacerated perineum but she would not listen to it, preferring, she said, to wear the supporter to the end of her days, which she says she intends to do. This case is but one out of the many I have treated with this instrument, and with uniformly excellent results.

Selections.

ACTIONS AND USES OF CERTAIN REMEDIES EMPLOYED IN BRONCHITIS AND PHTHISIS.—In an article on this subject (*Lancet*, vol. i., 1881, p. 4) Dr. T. Lauder Brunton says that as coughing is a reflex act, excited by irritation applied to a sensory nerve and reacting through a nerve-centre upon the respiratory muscles, it is obvious that it may be lessened either by removing the source of irritation or by diminishing the excitability of the nervous mechanism through which it acts. Both methods are employed in medicine. One of the commonest is that of lessening irritation by the use of glutinous and saccharine substances. These probably acts by soothing that part of the irritation which is situated about the root of the tongue and the fauces, thus relieving the cough, though the irritation in the bronchial tubes or lung may remain as before. The power of substances to relieve cough depends, no doubt, to a great extent either on their covering the inflamed an irritated surface directly with a mucilaginous coat and thus protecting it from the action of the air or from irritation by other substances passing over it or by exciting an increased flow of salva or mucus, which has the same effect. Sedatives, as opium, hyoscyamus, and chloroform, have a certain amount of local action on the peripheral ends of sensory nerves and lessen their sensibility to impressions. This action, thought slight, is increased when they are given in a mucilaginous vehicle. Of course there is also a less direct action through absorption by the stomach.

When the source of irritation is in the afferent nerves of the bronchi or of the lung itself, mucilaginous and sedative drinks are of course useless. Here vapor of conium or hydrocyanic acid tends to lessen irritability. Other inhalations, as of spray of ipecac and essential oils, and terebinthinate substances, alter the nutrition of the mucous membrane in such a way as to diminish the irritation which the abnormal condition of the membrane exerts upon the nerves. In laryngeal phthisis local applications with a brush or by blowing powders directly on the diseased surface are the best means. A useful application is a powder of one-sixth grain of morphia to two grains of starch. This mixture is placed in a tube and blown down the throat at the moment the patient takes a deep inspiration. The following prescription of Dr. Warburton Begbie is analyzed by Dr. Brunton:

℞	Liq. morphiæ hydrochlorat......	
	Acidi hydrocyanici.............	
	Chloroformi...................āā	♏xviij
	Spiritus chloroformi...........	
	Acidi nitrici dil..............āā	f ʒ j
	Glycerinæ......................	f ʒ iij
	Infus. cascarillæ................	
	(seu infus. quassiæ)	f ℥ ij.

M. A sixth part to be taken three or four times a day.

Here the sedatives—morphia, hydrocyanic acid, and chloroform—tend to lessen the excitability of the respiratory centre; the glycerin tends to retain the sedatives in longer contact with the throat, and acts also to some extent as a nutrient; and the nitric acid and bitter are supposed to have a tonic effect on the stomach. In what way this tonic effect is produced we cannot at present say; but we may imagine that they will in some way partially counteract the effect of the congestion which the cough produces, and, exciting appetite, will counteract the influence of the morphia. Nitric acid has also, as Dr. Brunton points out, a definite effect on the secretions of the lung themselves. Considering those drugs which tend to lessen congestion, Dr. Brunton mentions digitalis, and gives the following prescription from Beasley as used by Sir A. Crichton:

℞	Succi limonis..................	f ℥ ss
	Potassii carbonat. ad saturand..	
	Decoct. sarsaparillæ............	f ʒ x
	Tinct. digitalis................	♏x ad xxx
	Mucilag. acaciæ................	f ʒ x.

M. To be taken every sixth hour. The tincture of digitalis here tends to contract the vessels, diminish pulmonary congestion, and lessen cough. The potash renders the pulmonary secretion more fluid and abundant. Warm food, as beef-tea, Dr. Brunton says, is a good expectorant, as also is cod-liver oil. Ice, hydrocyanic acid, and alum are recommended in the vomiting of phthisis.—*Medical Times.*

ANATOMICAL SPLINTS FOR COLLES' FRACTURE.—Within the last few months I have been in the habit of using what may be properly termed anatomical splints, as they are the true counterpart of nature's form.

When a fracture of the arm is presented to me for treatment, I select a friend or neighbor of the patient, whose limbs are of the same size, or still better, a little larger. On his normal arm, I make a plaster cast in the following manner: Two thicknesses of coarse sack cloth or bagging, are cut into the form of pistol-shaped splints; these are saturated with a mixture of plaster of Paris and water, and applied directly to the palmar surface of the arm and hand with a roller bandage. While this is being done the model is directed to hold his hand well turned to the ulnar side and at the same time flexed on the wrist and forearm; the palm and fingers forming an arc of a circle. This position is to be held until the plaster is firmly set. After removal it is to be dried and padded, when it is ready for use. The splint is to be applied to the broken arm with a roller bandage rather loosely put on, and is to be tightened or loosened from day to day, as the case may require. No dorsal splint is required, as the bandage serves instead.

I have treated thirteen cases of Colles' fracture in this way, and, unusual as it may seem, I have avoided the deformity heretofore so common.

Patients wearing this splint frequently express a sense of ease and comfort, as the position of the hand is that of complete rest.

In treating fractures of the leg, I make splints on the same principle, except that I apply them, while soft directly to the patient's limb. On the fourth or fifth day after the accident, when the swelling is generally at its height, the dressing is to be put on. Coarse cloth is to be cut out so as to form lateral splints; these are to be saturated with a plaster mixture and rather snugly secured with a roller bandage, extension, in the meantime, being kept up with a weight and pulley. After the plaster has firmly set and dried the weight may be removed, and if the splints become too loose by the reduction of the swelling the bandages can be readjusted, but not too tightly as I believe in plenty of room for circulation. The patient with this dressing properly applied, can safely go about on crutches after the tenth or twelfth day.—Dr. Gregory Doyle in *International Journal of Med. and Surgery.*

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THE RUBBER SYRINGE AS A SUBSTITUTE FOR THE STOMACH PUMP.—Dr. J. A. Grant reports in the *Canada Medical and Surgical Journal* a case in which a child had swallowed a quantity of carbolic acid bug poison. After administering a quantity of oil the doctor found that his stomach pump was broken.

Having no better appliance at hand, he inserted the long tube of an ordinary india-rubber injection pipe into the stomach quite easily, and pumped in a quantity of water, which he hoped to remove by leaving only the tube *in situ* and changing the position of the child. Such, however, was unnecessary, as after the tube was detached from the body or central part of the instrument the fluid from the stomach rushed out at a bound through the tube, and thus the contents of the stomach were rapidly and unexpectedly removed. This washing out process was repeated three times in the space of a few minutes, after which the ejected fluid gave no particular indications of carbolic acid. After being two hours in charge of the case, milk and lime water were administered freely, which for several hours was swallowed with considerable difficulty. The return of sensibility was slow but gradual, and for fully five hours the body temperature was low, pupils moderately contracted, skin pale, and the lips, chin and mucous membrane of the mouth presented quite an excoriated appearance, from the direct effects of the carbolic acid, all of which was much benefited by the free application of olive oil.

On the third day from the date of the accident the child appeared as well as could possibly be expected under the circumstances, and only at times complaining of a sense of gastric discomfort, and more or less irritability of temper, all of which had almost entirely subsided within the first week. As is well known, the employment of an ordinary stomach pump requires care, in order to avoid injury to the soft parts from the ivory end of the tube. Several such records of injury are published. The application of the ordinary india-rubber syringe is, however, superior to any other appliance in such cases—first, from its great simplicity; second, from the ease of application; and third, from the fact that when the body of the instrument is detached, the ordinary contraction of stomach, diaphragm and the abdominal muscles will expel the contents of the stomach freely, without any effort being made to pump out the fluid in the usual way. Thus it appears that the contact of the tube with the gastric walls excites reflex expulsion, like the tickling of the throat with the finger or a feather in order to induce emesis. Thus we have at our disposal an inexpensive, simple and practical means of removing poisonous substances from the stomach, and with a degree of rapidity vastly superior to any other appliance heretofore recommended under such trying circumstances. From an examination of the ejected fluid, the quantity of carbolic acid taken was about a tablespoonful, the ill effect of which on the gastric mucous membrane was considerably modified from the fact that the stomach contained several ounces of fluid at the time of the accident.

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MENTAL FAILURE, FROM STRAIN.—The *Medical Press and Circular* states that Dr. Maclaren, superintendent of a prominent insane asylum, has observed among the patients sent to that asylum a form of insanity which is not melancholia, and which is not dementia, although it may, at first sight be taken for one or other of these, but which seems to be grave nervous exhaustion. It persistently appears in men who belong to the skilled artisan class. It must be remembered that the intelligent workman of the present day is a very different person from the laborer of a former one, and uses, and probably overtaxes, his brain nearly as much as professional or business men do. The attack to which Dr. Maclaren refers especially affects the middle-aged, whose previous history is that they have been steady, hard-working men, who have saved a little money and who have always been of an anxious turn of mind. In almost all instances they have been men of aspiring temperament, but without the intellectual ability which has enabled a few of their class to rise entirely above it. Yet they are not content to remain in their station, and so they plod and toil, and become a prey to anxieties. Ultimately the prospect of attaining a high position is lost, and then they concentrate their desires on accumulating money. Their whole time is occupied in laboring and planning to increase their store, and they are vexed by apprehensions lest their schemes should miscarry. The hours which should be devoted to sleep are given up to work, or miserly calculations, and then when an illness or a grief comes upon them they break down miserably. They are reduced to a state of utter and complete prostration, mental and physical. The surface of the body is cold and pale, the pulse is feeble, and the mental condition is listless to an extraordinary degree. Power and force seem gone forever, and the stalwart, well set up, acute looking artisan of a short time ago is reduced to a gray, bent, nerveless invalid. In this utter loss of physical power is one of the marked distinctions between this variety of mental disease and melancholia. The cases of this kind which Dr. Maclaren has seen improved under treatment, but never recovered the tone of former days.—*Medical and Surgical Reporter*.

◆

Cutaneous Hyperæsthesia Due to Dyspepsia.—M. Leven has studied the influence of dyspepsia upon the sensitive nervous system and upon the motor nervous system. All the classical treatises repeat, on the word of M. Briquet, that hyperæsthesia of one-half the body is a frequent complication of hysteria, and that in hystericals the hyperæsthesia occupies by preference the left side. M. Leven believes that this phenomenon depends rather upon stomachal troubles. In fact, hyperæsthesia is met with eight times out of nine in dyspeptics, as well in men as in women. The degree of hyperæsthesia is, moreover, in proportion to the intensity of the disease of the stomach. Hysteria developes not hyperæthesia but anæsthesia. This is so true, M. Leven declares, that the co-incidence of hyperæsthesia of one side and of anæsthesia of the other side in the same patient indicates at once dyspepsia and hysteria.—*Le Prog. Méd.*,—*Canadian Jour. of Med. Science.*

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Formulary.

FORMULÆ FOR SALICYLIC ACID.

℞ No. 1.

Acidi salicylici	ʒ j
Pulv. acaciæ	ʒ ij
Pulv. sacchar	ʒ vj
Spt. chloroformi	
Spt. lavand. comp	āā f ʒ j
Glycerinæ	f ℥ ss
Aquæ	q. s. ad. f ℥ iij

M. et Sig.—A tablespoonful in water.

℞ No. 2.

Acidi salicylici	ʒ j
Potassii citratis	ʒ ij
Syrupi acidi citrici	
Aquæ	āā f ℥ jss

M. et sig.—A tablesponful in water.

℞ No. 3.

Sodii salicylatis	ʒ ij
Glycerinæ	f ℥ ss
Mist. neutralis	q. s. ad. f ℥ iij

M. et Sig.—A tablespoonful in water.

℞ No. 4.

Sodii salicylatis	ʒ j
Spt. lavand. comp	f ʒ j
Glycerinæ	f ʒ ss
Aquæ	q. s. ad. f ℥ iij

M; et Sig.—Two teaspoonfuls as a dose.

—*Monthly Review of Med. and Pharmacy.*

DEPILATION BY RESINOUS APPLICATIONS.

At the last annual meeting of the New York State Medical Society, held in Albany, Dr. L. D. Bulkley, of New York City, described his process for removing the hair in cases of favus.

After detailing his experience with several methods which had proved unsatisfactory, he advised the preparation of sticks of various sizes, from one-quarter to three-quarters of an inch in diameter, and cut off in lengths of two or three inches.

The formula is as follows:

℞ Yellow wax	ʒ iij
Shellac	ʒ iv
Resin	ʒ vj
Burgundy pitch	ʒ x
Gum dammar	ʒ xij

Melt together.

By the use of these differently-sized sticks, they can be applied to affected surfaces of various sizes.

They melt at a comparatively low temperature, and yet are hard at that of the body. The hair should be cropped short over the part to be treated, and as the stick is applied, a slight rotary or twisting motion is given to it. After it has been applied for several minutes, it is removed by bending it over, and drawing the hairs in succession. The hairs thus left in the stick are burned off. The operation may have to be repeated. It does not work so well in ringworm of the scalp, because the result of the action of the parasite on the hairs is to render them so brittle that they very easily break off.—*Druggists Circular.*

FOR A DINNER-PILL.

J. Milner Fothergill, M. D., writes, in the London Practitioner for January:

Ipecacuanha formed a portion of a good old-fashioned dinner-pill; and betwixt its direct action upon the gastric mucous membrane and its action on the liver as an hepatic stimulant, it must come into use again before long. A dinner-pill of—

℞ Pulv. ipecacuan	gr. j
Strychniæ	gr. 1-20
Ol. pip. nig	♏ ij
Pil. al. et myrrh	gr. ijss,

every day, will often produce excellent effects. Then arsenic may be taken, as three drops of Fowler's solution after dinner, or in the above pill, substituting the same dose of arsenic for the strychnine.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, MARCH 25, 1881. No. 6

Editorial.

Clinical Teaching.

In the case of many of the exact sciences it is possible to acquire even great efficiency by the unaided study of books. In medicine, however, which partakes only partially of the nature of an exact science, books alone or lectures alone, or even books and lectures combined, are at best but preparatory to the comprehension of the knowledge which is indispensable, and which can be acquired only through actual observation. So generally is it now recognized (it was not always so) that the end of the student's study is to enable him to recognize and treat conditions rather than to acquire a parrot-like familiarity with names, that each college announcement vies with the other in its portrayal of the clinical facilities offered. Clinical teaching is the only teaching which can make the competent physician ; in saying this we do not, of course, lose sight of the importance of all those studies necessary to fit the student for the proper reception of clinical instruction.

The paramount importance of clinical instruction being conceded the practical question of the times is: How and where is this instruction most successfully imparted ? In the fact that the medical schools of the larger centres of population attract the bulk of medical students, we have the reply of the majority of the profession to this question. Certainly the school furnishing the largest amount and variety of clinical material would, other things being equal, be naturally supposed to offer the best facilities for clinical teaching. Practically, however, this is not the case. The very attractions which such schools offer work their own defeat. They draw together classes of such size as renders it impossible for them to utilize the material presented, and the consequence is that clinical teaching at such schools has degenerated into a farce. Notwithstanding the great amount and variety of clinical material afforded by the hospitals containing all the way from 500 to 1,800 beds it is a notorious fact that it is only a few of the more fortunate students in attendance who ever get nearer a patient than bare ear-shot.

The fallacy of the clinical teaching as conducted at the popular schools which attract the masses is very ably set forth in a recent address by Professor Jarvis S. Wight, of Long Island College Hospital, Brooklyn, N. Y.:

"See five hundred expectant students on cushioned seats in yonder amphitheatre. They have read their books with diligence; they have listened attentively to didactic lectures; they have memorized the names of facts : the ponderous doors that lead to the arena swing open. A patient is brought in before the attentive students of clinical medicine. The learned professor follows and describes the case with the eloquence it may be, of Webster, the polish of Chesterfield, and the precision of Faraday. The scene is most impressive. Let me try to report it : The patient is a male, 40 years of age ; born in the United States; is married, and has four children ; is a brick-layer; on the 10th of the persent month he caught cold; he has a cough ; he expectorates a red sputa ; he has rapid respiration; he has dullness on percussion over the lower part of the right lung; he has some elevation of temperature, and he has a *crepitant rale* heard on auscultation on the right side of the chest. Gentlemen, what is the diagnosis ? A hundred candidates for degrees respond in unison, *pneumonia*. And the response will find its echo in the Green Room—its reply in the autograph of the examiner—its satisfaction in the impress of the college seal. Now what is the import of this? Did not this clinical professor at previous times describe to the medical class the symptoms of pneumonia ? Did he not tell these young men the names of these symptoms ? And did not these young men commit these names to memory ? Did any one of these students ever see, hear, or touch the symptoms of a pneumonia ? No, never. Ah ! then it amounts to this : *The symptoms of pneumonia are so and so: and then if the symptoms of a given case are so and so, then there is a case of pneumonia.* Behold the logic of popular clinical medicine !

The doors open again: another patient is brought in, and the learned professor opens his mouth and says : This patient was born in Scotland ; she is unmarried; she is a dressmaker; she has had articular rheumatism; she has palpitation of the heart; she has some shortness of breath ; she has a slight cough; it tires her to go up and down stairs; an endocardial murmur is heard with and after the systolic sound of the heart, and this sound is most distinct over the apex of the heart, and is not propagated into the carotids, and the aortic second sound of the heart is not so distinct as in health. Once more, gentlemen: What is the diagnosis ? Again a hundred voices respond, *Mitral insufficiency*. Gentlemen, you have learned your lesson well. I shall be gratified to have you show such acquirement of knowledge when we meet in the Green Room. But were not these hundred candidates for degrees familiar with the *names* of the symptoms of mitral insufficiency? Yes, indeed, they were ; for they had memorized them, and they could enumerate them without hesitation. Again we have a specimen of the logic of popular clinical medicine. In a case of mitral insufficiency the symptoms are so and so; then, if in a given case, the symptoms *are* so and so, why, of course it is a case of mitral insufficiency. Who could not answer a question, when the answer is contained in the question? This is after the manner of a leading question, which neither the court, nor justice permits the attorney to ask the witness. But who can investigate and find out for himself, if the symptoms of a given case are so and so? Who is competent to find the facts of a case? It is just as important for a student to know how to find facts as it is for him to know how to draw inferences."

The scene thus graphically portrayed is very true to life.

Any attempt at clinical teaching which does not educate the senses,—the eye, the ear, the nose, the *tactus eruditus*—is a fallacy and a blunder. Such education can only be conducted through actual contact with the patient, and when the medical hive becomes too large to permit each occupant to have daily intercourse with the sick, it is time for it to swarm. To impart proper clinical instruction to a class of over a hundred is impossible, and even with a hundred students the necessary division into sections and the proper handling of these sections requires an executive ability on the part of the instructor seldom possessed.

The cry is sometimes raised that there are too many medical schools. This is a mistake. There are too few medical schools to properly educate those desirous of entering the profession. The majority of the smaller schools have quite a sufficient number of students, and the larger schools are all too large. Medical legislation could do no more judicious thing than to restrict the number of students in each school to a hundred.

The Medical Bill.

The fact that those whom the medical bill now before our Legislature would disturb in fancied rights are leaving no stone unturned to prevent its becoming law, is no longer to be ignored by the friends of the measure. The opponents of the bill are incomparably more active than its friends, and have, we are advised, already sent in many numerously signed petitions against its passage. There is no doubt that the qualified practitioners of the State are very unanimously in favor of the bill, and scarcely less doubt that such of the people who take pains to give the matter thought are likewise in favor of it. The support, however, which it has thus far received has been little more than passive, while the opposition has been decidedly active. Those who have had any experience in such matters know how easy it is to get up a petition; men, as a general rule, will sign almost anything for a personal friend, and for any one else on very little solicitation, as long as it does not have a promise to pay attached to it. Our legislators are doubtless fully aware of this fact, and yet petitions have their influence, and in the absence of counter petitions are dangerous to really meritorious measures. This statment contains the hint of a suggestion. The bill is yet in the hands of the committee who are somewhat embarrassed by the fact that the petitions are of the jug-handle kind, and there is danger that unless their influence is counteracted the report of the committee may be adverse. Let the friends of the bill meet its enemies with their own weapons, and let a petition be sent in during the next week from every section of the State.

Inquiry has furthermore revealed the fact that many physicians who have promised to write their representatives regarding the bill, have as yet failed to do so. It is not safe to trust too implicitly in the justice of one's cause. Right is not always might, and the success of the end is very largely conditioned on the means. Let it not be said that the medical bill was defeated through the apathy or indifference of its friends.

Miscellany.

AMUSING ITEMS.—We copied some time ago an editorial item from the *American Medical Bi-Weekly* in which the writer affected some funnily sarcastic remarks about journals claiming to be the largest and best issued for the money, etc., and we intimated, by way of a mild commentary on the sentiment expressed, that it would be becoming in Dr. Gaillard to first remove the beam from his own eye before calling attention to the mote in his brother's. The facts of the case, we still believe, justified the intimation, for verily there is no journal on the list of our acquaintance which suffers less from lack of self praise than do those over which Dr. Gaillard so ably presides.

Our mild commentary, however, has slightly disturbed our friend's usual equanimity and he returns to the charge with more impetuosity than judgment —hurls himself, as it were, upon the thick bosses of our buckler. He says "but the editor of *News* forgot to add that there is a great difference between claims demonstrably false and foolish, and claims demonstrably admissible and true. * * * * The *Bi-Weekly* is the cheapest publication of its kind now issued. This is a simple commercial fact. * * * The *News* gives 384 pages for $1.00 and the *Bi-Weekly* gives 624 pages; a difference of 240 pages." Forgetfullness was not the cause of the omission on our past to which the *Bi-Weekly* refers. We do not dispute the statement that it "is the cheapest publication of its kind now issued," inasmuch as we are not disposed to argue the question of "kind," but we do say, Dr. Gaillard's figures to the contrary notwithstanding, that the NEWS furnishes more reading matter for a dollar than the *Bi-Weekly* does. "This is a simple commercial fact," and Dr. Gaillard or any one who knows about types must concede the fact from the following presentation: The *Bi-Weekly* is set in heavily leaded long primer, while the NEWS is set in lightly leaded brevier. But giving the *Bi-Weekly* the advantage of its heavy leads, and the contents of its volume represent 1385 thousand *ems*, while the volume of th

News represents 1440 thousand *ems*, a page of the *Bi-Weekly* containing 2220 *ems*, and a page of the News containing 3750 *ems* according to standard measurement.

Dr. Gaillard's specious figures can deceive only those who know nothing about printing, and one of the claims he makes for his journal (the only claim he makes for it, by the way) is not "demonstrably admissible and true."

Call again Brother G.; always glad to see you. But don't say anything more about journals copying without giving credit, for in that case we might be tempted to ventilate that question too.

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The Press on Bellevue and Medical Reform.—The *Medical Record* in the course of a scathing review of the pusillanimous conduct of Bellevue Hospital Medical College has the following: "To have given in at the end of three months is simply contemptible. It will now appear to all that the learned but cautious faculty became badly frightened, and being very weak of knee, they skipped back with rapid steps into their old courses. Toll the bell then for another 'good intention' gone, for another lofty purpose shrivelled in an unthrifty soil. Write as its epitaph that Bellevue tried to be better than its neighbors but it lacked the stamina and returned from a moral to a commercial basis, leaving behind its high resolves. Learn from its action that money seemed better than educational elevation, and students than medical reform.

The outlook for medical education is at present very discouraging, in this city at least. There is hope we are told in the West. New York, though still a great medical centre, and a place unrivalled in its advantages for studying medicine, is so to a large extent in spite of the medical colleges rather than because of them."

The *Louisville Medical News* says: "We had a kind of sneaking idea that the reforms published last year were bogus. (You see we have seen so much of these medical school fellows—the old Phenomenon, for instance—that we haven't the highest regard for their morals). That they were honest enough to entail even serious loss excites our admiration."

Boston Medical and Surgical Journal: "After one session of well-doing the Faculty of Bellevue Medical College has lost heart. Having put its hands to the plow, it turns back before the dew is fairly off the grass, not so much because it dislikes the sun as out of regard to the plow. A judgment formed on so short an experience might safely be termed a snap judgment, but if its judgment is correct the Faculty seems willing to consider its own lack of perseverance as attributable to a want of approval and coöperation on the part of the medical profession! It is very important that this country should possess medical schools with high standards, whose degrees ean something positive, but we cannot see that it s otherwise of any inherent consequence, unless ossibly to the members of its Faculty themselves, hat any parcticular medical school should continue o exist."

The Danger of Athletism.—The recent occurrence of a fatal foot ball accident at Southampton, England, has caused the mayor of that place to interdict the playing of the game within the corporation limits, and he calls on the heads of families and schools to support him in his position. This position is a wrong one; it has in it a sentimentalism which is incompatible with manliness. If our youth are to be forbidden the indulgence in games for no better reason than that there is in them an element of danger, the prohibition will be at the expense of their virility. A game which is perfectly dangerless is insipid, and a bore to the boy who has the making of a man in him. None of the games which the boy likes, and which are the best for him to indulge in, are without this spice of danger, and it is infinitely better that an accident should occasionally happen than that he should be restricted to namby-pambyism.

Apropòs of this subject the London *Lancet* has the following:

"There are many pastimes infinitely more ruinous to health than those enumerated. Dancing night after night in crowded non-ventilated rooms is among the most unwholesome and dangerous practices of modern life, and kills infinitely more persons (though more indirectly) than either the Rugby or the Association rules. The men who are killed by sitting in public houses, or (what is very much the same thing) in club houses, playing billiards or cards till the small hours, and drinking 'B and S,' are not held up as warnings, while their fellows who happen to be killed in some sport which has in it a dash of nobility and pluck are spoken of as 'frightful examples' of the evils of this or that amusement. If by undue roughness or by unfairness one man kills another at a game, the ordinary law is sufficient to deal with him. This is enough protection, and we very much object to a return to anything approaching the sumptuary laws of a bygone age.

The science of medicine has lately had its liberty seriously curtailed by sentimentalists. We shall soon be restricted in our choice of diet by the followers of Sir Wilfrid Lawson. Only last session an absurd bill about acrobats met with a certain amount of favor in the House of Commons, and if a stand be not made our imperial vestrymen, whose watchwood—save the mark!—is 'liberty,' may be asked to regulate the method to be pursued in kicking a football, and impose a limit on the growing prowess of the rising generation."

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American Medical College Association.—The following from *Gaillard's Medical Monthly* is a very correct statement of the *status quo* of the cause of medical education in the colleges. The fact is apparent that all hopes of reform from within have a very shaky foundation. The only hope lies in such legislation as that contemplated in the bill now before our state legislature. As long as Colleges are run as business ventures so long will the cause of the higher medical education languish:

"The Association of American Medical Colleges seems to be in imminent trouble and danger. It no longer numbers among its members a single medical college in the New England States, or in New York State or city; but one in Philadelphia, and that one (the Jefferson Medical College) though honored with the Presidency of the Association since its creation, is so far inimical to its interests as to have voted against the only measure of real reform (increasing the number of lecture terms) thus far attempted. The Baltimore and Virginia and Louisiana colleges will have nothing to do with the Association; St. Louis gives a limited support; Rush Medical College, Chicago, is about to resign; Nashville has repudiated the increased fee movement, and the trans-Mississippi has in part broken the shackles once sought to be placed upon it.

The American Medical Association tinkered for twenty years the gaping, unsightly wound which insufficient medical education represented on the medical body; but the work, like all tinkering, was so unfortunate that the last state was worse than the first. State societies have also tinkered with no better results. And now, *eheu miserabile*, the College Association has proved to be the worst tinker of all. One may sadly say of its literature what Curran said in regard to the speech of a colleague: "*It is a long parenthesis;*" and when asked to explain, he added: "Why don't you know what a parenthesis is; it is something which may be omitted altogether without injuring the strength or sense of the matter."

But what is now to become of this vexed question of the medical education? California and North Carolina and Illinois have in a great measure solved the problem. All states must do likewise.

THE "NEWS" AND THE COUNTRY DOCTOR.—Dr. M. L. Catron, of Perry, Mo., contributes the following graceful note:

"After again reading your article in No. 3, current vol., on "Amenities of Medical Journalism" I felt a spasm of self-condemnation to think that I have been enjoying the feast spread before me in your Journal so long, and never offering thanks.

It is not because I have been unappreciative or ungrateful but simply because I supposed you were plied to satiety with letters of laudation, so that they might be viewed by you as matters of every day trials, to be endured with patience.

While taking, and duly appreciating, several other Medical Journals, in the MICH. MED. NEWS I find so much common sense, and common sympathy with that very common and much ignored class "Country Doctors," that of all my readings I find it nearest my wants, my feelings, and my heart. I find that you can realize what it is to be called out at a minute's warning to travel miles through all kinds of weather, to find exactly the kind of case you were not expecting, to find yourself far away from the proper remedies, and surrounded by doubtful friends. It is then the country doctor realizes that he must be a man of expedients, must succeed in the case though deprived of the use of many articles which the city-bred physician deems indispensable, and which he can always have by ordering.

Many a man of rare abilities has thus lived, worked and won, and when at last conquered by the grim monster he has so many times driven away from the bedside of his patients he has been interred as some "mute inglorious Milton," and his fame sleeps with him.

For your just appreciation of such men, for your sympathy with their toils and their sufferings, for your efforts to lighten their tasks and record the value of their labors, for the promptings given in your Journal to such men to continue their efforts, to advance, to progress, to succeed under many adverse circumstances, and to look for their reward in their own self-consciousness of having lived not in vain receive my thanks!

Receive also my assurance that I consider the NEWS a model medical journal in many other respects, and thank its editor for the many palatable and digestible articles of which I have so long partaken in silence.

CARLYLE ON FEMALE PHYSICIANS.—In a recent posthumous letter by the sage of Chelsea occurs the following:

"I have never doubted but the true and noble function of a woman in this world was, is and forever will be, that of being a wife and a helpmate to a worthy man; and discharging well the duties that devolve on her in consequence, as mother of children and mistress of a household—duties high, noble, silently important as any that can fall to a human creature; duties which, if well discharged, constitute woman—in a soft, beautiful and almost sacred way—the queen of the world; and which, by her natural faculties, graces, strengths and weaknesses, are in every way indicated as specially hers. The true destiny of a woman, therefore, is to wed a man she can love and esteem, and to lead noiselessly under his protection, with all the wisdom, grace and heroism that is in her, the life prescribed in consequence.

It seems, furthermore, indubitable that if a woman miss this destiny or have renounced it she has every right, before God and man, to take up whatever honest employment she can find open to her in the world. Probably there are several or many employments now exclusively in the hands of men for which women might be more or less fit—printing, tailoring, weaving, clerking, etc., etc. That medicine is intrinsically not unfit for them is proven from the fact that in much more sound and earnest ages than ours, before the medical profession rose into being, they were virtually the physicians and surgeons, as well as sick nurses—all that the world had. Their form of intellect, their sympathy, their wonderful acuteness of observation, etc., seem to indicate in them peculiar qualities for dealing with disease, and evidently in certain departments (that of female diseases) they have quite peculiar opportunities of being useful."

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Openings for Physician.—A physician living in a village in Michigan of 1500 inhabitants and doing a practice of $2500 wishes to leave. He has a house and two lots worth $2,000 which he desires to dispose of, and will introduce the purchaser as his successor. Address H. D. A., in care of this office.

A correspondent living in a village of 800 inhabitants, on the line of a R. R., and in a farming and pine-land country, wishes to negotiate with a successor. No other physicians within ten miles. Address "Practitioner" in care of this office.

[We would request this correspondent to favor us with his address as his letter has been mislaid. Ed. News.]

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Detroit Medical College.—The thirteenth annual commencement exercises of the Detroit Medical College were held at the Detroit Opera House on the evening of the 10th inst., in the presence of an audience which severely taxed the ability of the spacious edifice to accommodate it. Diplomas were granted to twenty-seven graduates who were previously obligated by the President of the Faculty, Dr. Theodore A. McGraw, in the Hippocratic oath, and subsequently deluged with flowers. The address to the graduates was delivered by Prof. A. B. Lyon, and that to the public by Rev. Dr. Rexford. These addresses were both scholarly efforts and were listened to with attention.

◆

To Terminate Chloroform Narcosis.—Schirmer, in the *Centralblatt für Augenheilkunde*, taking advantage of the physiological fact that the fifth cranial nerve retains its sensibility longest in chloroform narcosis, has resorted to irritation of the nasal mucous membrane as a means of exciting inspiratory movements under this condition. A simple rolled piece of paper turned in the nose is usually sufficient, but in dangerous cases the paper may be dipped into ammonia. Schirmer has succeeded by this means after others had failed.

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Detroit *Lancet:* "The Louisville *Medical News* and its namesake the *Michigan Medical News*, are great exercised because of the suggestion that an eminent Scotch alienist so occupied his patients as to render them unusually docile. It has always seemed to us that when a doctor failed to occupy his patients in one way or another he soon ceased to have any patients to occupy him. In short he will fail in his work, be it that of a general practitioner or of an alienist, who cannot impress his personality or those who seek his advice, and cause this impression to last, at least during the interval between his visits. A master of men occupies them in just so far as he is master. His mastery depends on this occupancy. We are astonished that such able journalists as those to whom we have alluded are not aware of these facts. A chapter on the nature of mind and matter is not in order here and now, but surely the average physician cannot be ignorant of the indisputed facts upon which the above commonplace statements rest."

We are extremely obliged for this explanation, and without doubt our Louisville namesake will also be. The way in which our esteemed contemporary put it in the paragraph which was criticised left the manner of the occupancy through which the eminent Scotch alienist made "such an inpression of his personality as would last" somewhat ambiguous. Now that it is definitely explained that it was a psychical occupancy, we think we comprehend the matter as well as "the average physician," who is not an alienist, can reasonably be expected to.

In the *North American Review* for April is a noteworthy article by Judge A. W. Tourgee, entitled "Reform *vs.* Reformation." The same number of the *Review* contains, under the fanciful title, "The Thing that Might Be," a profoundly philosophical study of the laws and conditions of human progress, by the Rev. Mark Pattison, Rector of Lincoln College, Oxford. The third article is a strong defense of the Roman Catholic side of the controversy about religion in the public schools, from the pen of Bishop McQuaid, of Rochester. The great problem of the governmental control of monopolies is discussed with reference to railway management by the Hon. George Ticknor Curtis. The same problem, in its bearing upon telegraph lines, is ably discussed by the Hon. Wm. M. Springer. Mr. John Fiske has an article on The Historic Genesis of Protestantism, and Mr. Anthony Trollope, an essay on the Poet Longfellow.

In an article in the *Physician and Surgeon*, for March we note the following: "Each patient is measured *every hour* in the beginning of the treatment in order to ascertain the run of the fever." This is somewhat ambiguous. Now if it had stated that the run of the fever was ascertained every hour to determine the measure of the patient, or that the treatment of the fever was begun on the run of the patient, or that the fever was run on the beginning of the treatment, or something else equally sensible, we might have understood the reference. But for the life of us we can't comprehend how the run of a fever can so affect a patient as to cause such an alteration of his size as would enable an hourly measurement to throw any light on the subject. There must be more in it that we can see.

A Sanitary convention will be held at Battle Creek, Mich., under the auspices of the State Board of Health, on the 29th and 30th inst. The usual invitation is extended to manufacturers and dealers in sanitary apparatus and appliances to exhibit their wares. A number of interesting papers are promised, and the indications are that the convention at Battle Creek will not be less profitable than those which have been held at other places throughout the state. Dr. J. H. Kellogg, of Battle Creek is Secretary, and to him inquiries for particulars may be addressed.

The quondam Princess of Würtemberg who, it will be remembered, last year relinquished all the honors and emoluments of her rank to marry a plain Dr. Wilm, of Breslau has just been confined of a daughter. The doctor has a large practice and his wife has made herself very popular through her ministrations to the poor, supplying them with medicines and delicacies during their illness, and the baptism of the baby was the occasion of quite an ovation by the grateful populace. Dr. Wilm is a candidate for a professorship of medicine at the University of Breslau, and the people, for his own as well as for his wife's sake, are anxious that he shall succeed.

There are 69 medical colleges in the United States —a greater number to the population than in any other country. Of this number 53 are in the West and South, and of the 8,279 students in attendance during the past winter 4,812 were in attendance at Western and Southern schools. This disposition on the part of the young man to go West is perhaps the *raison d'être* of the incontinent letting down of the bars at Bellevue.

And has the Toledo *Medical and Surgical Journal* died,—gone before, as it were, to join the innumerable caravan? We don't know for sure, but its December number reached our sanctum late in January, and we have not yet seen a number for 1881. If the *Journal* has succumbed we are truly sorry, for it deserved to live; it was ably conducted and the Buckeye doctors did wrong in not furnishing it with the requisite support.

The Meharry Medical College, of Nashville Tennessee, is a medical college especially for the education of colored gentlemen. It held its fifth annual commencement on the 24th ult., at which there were but three graduates. It might have graduated many more, but the majority of the class desired a three years' course. Herein is food for reflection for Bellevue, although of course the students who have voluntarily selected the three years' course are only negroes.

The most unique, not to say disgusting trademark now gracing the advertising pages of medical journals is that of a certain brand of pepsin. It represents a beastly hog devouring an immense, ugly rattle-snake. Pah! Where is this sort of thing going to stop?

Prof. Huxley says that the scientist who reaches three score years becomes an obstructionist—inflexible to the advance of new ideas—and that for the general good he should be strangled. In this connection it may be interesting to note that the learned professor is himself fifty-five.

The following colloquy is being maliciously circulated by the secular press: "Doctor, whom of your professional friends do you prefer to meet in consultation?" "Oh, my favorite is Dr. B.; he tells such funny stories."

A sprightly lady friend who had been scanning Dunglison and studying the Metric system, sententiously remarked the other day that "a decagramme of prophylaxis is to be preferred to a hectogramme of therapeusis.

A knotty question, propounded years ago, has been resurrected (*Maryland Medical Journal*): "Did Adam have an umbilical cord?" Mr. Darwin, of course, says he had as well as a homologous tail, though some scientists (and punsters) don't know, and don't give Adam either.

Hager says the mixture of the tincture of the sesquichloride of iron in simple syrup and then with a little milk removes its styptic taste, and prevents its injurious effects on the teeth.

A rare cause of death is reported to have been given by a Topeka, Kansas, coroner's jury: "The deceased came to his death from having called another man a liar."

Mark Twain finds something extremely fascinating in science: it gives you such wholesale returns of conjecture for such trifling investment of fact.

Book Notices.

THE PRINCIPLES AND METHODS OF THERAPEUTICS. By Adolphus Gubler, M. D., Professor of Therapeutics in the Faculty of Medicine, Paris ; Member of the Academy ; Physician to Beaujon Hospital, etc. Translated from the French.
Philadelphia : D. G. Brinton, 115 S. Seventh St.

Gubler was a worthy successor of his preceptor Trousseau, and the student by no means rested satisfied with what was imparted to him by his illustrious predecessor. Since, therefore, it was announced a few months ago, that a translation of Gubler's work with the above title, was shortly to be given to the profession the latter has been on the *qui vive*.

The book has come and we must confess to some disappointment in our expectations. This disappointment is not so much due to any defect in the book as to our misconception of its nature. The term "Principles" in the title led us to expect something after the nature of "Williams on the Principles of Medicine," or of "Fothergill's Handbook of Treatment." Our examination of it does not justify the use of the term "Principles." Amend the title of the book so as to have it appear as a treatise on the *methods* of treatment, and we become pronounced in our commendation of it.

The book opens with an interesting biographical sketch of the late M. Gubler, who was born April 5th, 1821, and died April 20th, 1879.

The first four chapters (fifty pages) of the book proper, are devoted to General Therapeutics, and in the somewhat brief remarks in these on the correlation of organic forces we have the nearest approach to a justification of the term "Principles" which the book affords. The following fifteen chapters are devoted chiefly to the consideration of the avenues through which medicines are administered,-hypodermic medication, atomization of liquids,—medicated baths, etc. Following these are three chapters on Arsenic, and then three on the elimination of medicaments.

The remainder of the book consists of chapters on the following subjects respectively: Accumulation of Remedial Agents, Prevention of Accumulation, Force of Habit, Intolerance, Antagonism between Morphine and Atropine, and conditions Affecting Medicinal Action.

The subjects indicated are quite exhaustively treated and the work as a whole is one whose field is not so fully occupied by any other work with which we are familiar.

A Treatise on the Materia Medica and Therapeutics of the Skin. By Henry G. Piffard, A. M.. M. D., Professor of Dermatology, Medical Department of the University of the City of New York; Surgeon to Charity Hospital, etc.
New York: Wm. Wood & Co.

This volume constitutes the February number of Wood's Library of Standard Medical Authors for 1881, and the subscribers to the series are certainly to be congratulated on the fact.

Dr. Piffard's name has for some time been familiar to the profession as that of one of the rising dermatologists of this country, and the work before us will be sufficient not only to fix his place as a leader but to add to his reputation as an indefatigable worker. It is certainly remarkable for the research it displays.

The book is divided into two parts, the first being devoted to materia medica and the second to therapeutics. At the very outset the author is beset with the difficulty which awaits any one who attempts a classification of drugs based on either their physiological or therapeutic properties. Such a classification is, in the very nature of the case, very difficult, and Dr. Piffard intimates that in the case of the materia medica of skin diseases it is impossible. He therfore makes no attempt at classification, and discusses the drugs in alphabetical order. This plan has the advantage of convenience for reference. Each drug is considered under four general heads: physiological action following internal administration; physiological action of local application; the therapy of internal administration; and the therapy of local application. The plan is original, and is a marvel of conciseness, enabling as much to be condensed into a hundred pages as would under ordinary methods require a large volume, and all without interferingwith perspicacity.

The author has evidently suffered no pent up Utica to contract his powers, and neither has he any of the fears of professional, straight-laced, codical condemnation before his eyes, for he quotes liberally from the Pharmacopœa Homœopathica Polyglotta and the National (Eclectic) Dispensatory, and actually intimates in some places that we are indebted to "irregulars" for a knowledge of the therapeutics of some drugs to which we had flattered ourselves we had a pre-emption right.

The part devoted to therapeutics is based on the author's individual experience in the treatment of the affections discussed. Just enough of matter is given of a nature irrelevant to therapeutics to facilitate an intelligent comprehension of the latter. The style throughout is clear, and succeeds in making the reading of a subject usually repulsive in its dryness, at once interesting and intelligible.

A Manual of Diseases of the Throat and Nose. By Francke Huntington Bosworth, A. M., M. D., Lecturer on Diseases of the Throat in the Out-door Department of Bellevue Hospital, etc.
New York: Wm. Wook & Co. Detroit: Thorndike Nourse.

Readers of medical journals cannot but have been struck with the activity in the subject of laryngology and diseases of the throat and nose, which has characterized the past year or so. The literature of the subject has had several important contributions during that time, and among them the book before us occupies a by no means inferior position. We are told in its preface that it has not been the design of the author to prepare a complete treatise on the throat, but rather to describe those affections met with in ordinary practice, and for this reason some of the subjects usually discussed in works of this nature, as diphtheria and the throat manifestations of the exanthemata, have been omitted. A work on this subject intended more especially for the general practitioner than for the specialist is what is wanted, and Dr. Bosworth has been fortunate in the manner in which he has approached the subject. His handling of it, more over, has been both able and judicious,—a statement which an examination of the book is sufficient to substantiate.

The author has a remark on the subject of seal-skin sacques which our benedict readers, especially, will find of interest aside from its scientific merits: "It is said that seal-skin sacques have caused more deaths than small-pox in New York in the last five years. I have no doubt that this is quite true, and the fact is due simply to the vanity or indolence by which a woman will go from the cold air into a warm room, with her sacque on, and remain there it may be for hours, without removing it."

Syphilis and Marriage. Lectures delivered at the St. Louis Hospital. Paris. By Alfred Fournier, Professor a la Faculté de Médicine de Paris, Médicin de l' Hôpital St. Louis: Member de la Academie de Medicine. Translated by P. Albert Morrow, M. D., Physician to the Skin and Venereal Department, New York Dispensary, etc. Price, $2.00,
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

Arguments have been adduced, *pro* and *con*, on the question of the degeneracy of the modern man as an animal, as compared with his predecessors. Without discussing this point it is sufficent to say that there is no room to doubt that the syphilitic individual suffers in his physical as well as in his mental being in consequence of the contamination of his blood, and that, too, irrespective of whether the disease is hereditary or acquired. Some have gone so far as to intimate that the syphilitic taint pervades humanity, and that it is the *fons et origo* of scrofula and tuberculosis. We can not go as far as this, and yet doubtless the taint manifests itself in a variety and multiplicity of forms not generally suspected. Certain facts are no longer disputed : the transmissibility of constitutional syphilis, and that under the sacred cover of wedlock living innocency is daily being infected, and the unborn tainted with the loathsome disease.

How to prevent this frightful crime against all that men hold dear is the object of the book before us. The author writes with a bold pen, and lays bare much that has been concealed too long. It is such a book as the philanthropist as well as the physician, and the physician because he is a philanthoropist, should read.

We are glad to read the author's views on the curability of syphilis. It co-incides with our observation, and justifies advice which we have several times given. We are not of those who believe that the ghosts of properly treated syphilitics will carry the taint. The author believes that syphilis may be cured, and that the unfortunate who has contracted the primary sore is not necessarily thereby forever unfit to procreate, "The truth is, that, save very rare exceptions, syphilis constitutes only a *temporary* interdiction to marriage, and that a syphilitic subject may, after a certain stage of sufficient depuration, return to a state of health which fully restores his fitness for the double rôle of husband and father."

The book discusses many other moot questions which we should like, but for lack of space, to refer to.

Aphorisms in Fractures. By Richard O. Cowling, A. M., M. D., Professor of Principles and Practice of Surgery, University of Louisville. Price 25 cents.
Louisville, Ky : John P. Norton & Co.

Aphorisms are necessarily dogmatisms, and herein lies the objection to them. Dogmatism in medicine is always to be condemned; in surgery, however, this being a more exact science, it is not only not so intolerable but may frequently be justifiable. The treatment of fractures is largely conducted on mechanical principles, and in virtue of this fact Dr. Cowling's "Aphorisms" are an important contribution to the stock of the knowledge which the general practitioner, who is both a surgeon and physician, is always supposed to have on hand. There are 131 aphorisms in all, and they comprise statements regarding all sorts of fractures in all sorts of bones, which one feels like depending on. Of course almost every reader will find that he cannot endorse some of them, but the fact that they have, as a whole. been commended by some of the prominent surgeons of the country proves them to be generally reliable.

Notes of Hospital Practice, New York and Philadelphia Hospitals, 8 vo.; pp. 256 ; price in cloth $2.00 ; in full calf $2.50. Samuel M. Miller, M. D., 536 Spruce street, Philadelphia, Pa., editor and publisher. Mailed on receipt of price.

The busy physician will find this compact, neatly printed and neatly bound volume a practical and handy reference book. It is essentially a manual of therapeutics. The treatment of over 400 diseases by the eminent medical authorities of New York and Philadelphia is condensed and epitomized in its pages. Its value is very much enhanced by the fact that the proof sheets have, in every instance, been revised by the professors whose treatment is set forth therein. Over 6,000 copies of the book are said to have been sold in a little over a year, which fact is of itself strong argument in its favor. It will prove a valuable companion to the busy practitioner, whose time is too much occupied to allow of his reading all the current literature.

This book can be obtained only by mailing the full price to the publisher.

The following pamphlets have been received.

Anæmia in Infancy and Early Childhood. By A. Jacobi, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York. Reprint from Archives of Medicine.

The Relations of Goitre to Pregnancy and Derangements of the Generative Organs of Women. By Edward W. Jenks, M. D., LL. D., Chicago, Ill. Reprint from American Journal of Obstetrics.

Remarks on Syphilis. By Walter Coles, M. D., St. Louis, Mo. Reprint from the St. Louis Medical and Surgical Journal.

Spasm of the Intra-Ocular Eye Muscles ; A Frequent Cause of Annoying and Serious Eye Defects. By Julian J. Chisolm, M. D., Professor of Eye and Ear Diseases in the University of Maryland, &c. Reprint from Independent Practitioner.

Myopia (Commonly called Near-sightedness) in its Various Phases. Ibid.

Prolapse of the Funis Umbilicalis. By E. P. Christian, M. D., M. A. Wyandotte, Mich. Reprint from the Physician and Surgeon.

Some New Remedies for the Local Treatment of Skin Diseases. By John V. Shoemaker, A. M., M. D., Philadelphia, Pa. Reprint from Transactions of Med. Soc. State of Pennsylvania.

The Treatment of Scrofulous Diseases of the Skin. Ibid.

Is Secondary Syphilis Communicable as Such ? By G. M. B. Maughs, M. D., St. Louis, Mo. A paper read before the St. Louis Medical Society.

Observations in Reference to the Management of Patients with Prostatic Enlargement. By Reynold Harmon, F. R. C. S. Surgeon to the Liverpool Royal Infirmary. Reprint from London Lancet.

Original Articles.

Hemorrhoids.

BY A. G. CRAIG, M. D. VEVAY, IND. FORMERLY RESIDENT PHYSICIAN OF CINCINNATI HOSPITAL.

The hemorrhoidal veins distributed in the submucous tissue at the lower part of the rectum, are liable to become varicose, giving rise to a very common disease in middle and advanced age, termed hemorrhoids or piles. When the veins beneath the mucous membrane become dilated and varicose, the piles are said to be internal, but when beneath the integument outside the muscle, external. Not infrequently both forms of the disease co-exist. Constipation and pregnancy always predispose to piles, Other causes are hereditary predisposition, warm and damp climates, plethoric constitution, sedentary habits, drastic cathartics, diarrhœa, dysentery, etc.

Treatment:—The diet should consist of digestible and unirritating food. Active exercise in the open air should be taken daily. A *soluble* state of the bowels is the most desirable. Either constipation or diarrhœa predisposes to piles and induces atony of the coats of the hemorrhoidal veins. Active purgatives stimulate an abnormal peristaltic action in an opposite direction to the blood returning from the hemorrhoidal plexus of veins to the inferior mesenteric veins. Castor oil is one of the worst agents that can be used as a purgative when there is a tendency to hemorrhoids, as it irritates the rectum. Aloes possesses a curative power in hemorrhoids, except in cases of active hyperæmia of the pelvic viscera, and even then in half or grain doses, is beneficial. Objections are often made to it on account of some tendency it may be supposed to have toward the production of piles, but in aperient doses it is both preventive and remedial of that affection. To overcome the muscular atony of the large intestine, aloes stands conspicuous as compared with all others of its class, as it is the only one which by specific and almost exclusive action upon the colon and rectum, excites the peristalsis of these viscera. The smallest amount of laxative medicine that will secure one free movement of the bowels daily should be the rule. I have frequently prescribed with excellent results a pill composed of one grain of aloes, two grains of rhubarb, and the eighth of a grain of extract of nux vomica. It is no small advantage that aloes possesses over all other laxative remedies that the dose may be decreased as the habit of using it continues.

Dr. Fordyce Barker advocates the use of aloes in hemorrhoids. The following formula is proposed by him:

℞	Pulv. aloes. Soc.	
	Saponis Castil.	āā ℈j
	Ext. hyoscyami	ʒ ss
	Pulv. ipecac	grs. v.

M. ft. pil. no. xx. Sig.—One morning and evening.

When the patient is anæmic he adds to the above twenty grains of the sulphate of iron. A popular and very useful aperient in piles is a combination of equal parts of the bitartate of potassium and sulphur, given in milk. Sulphur internally exercises a most soothing influence on the inflamed tumors, more than can be fairly attributable to its aperient action.

In those who have, or, are predisposed to have hemorrhoids, Barker recommends the following:

℞	Magnesiæ sulph.	
	Magnesiæ carb.	
	Potass. bitart.	
	Sulphur. sublim.	āā ℥ ss

M. Sig.—From a teaspoonful to a tablespoonful of the powder in a wine-glass of sugar and water before breakfast.

This powder produces a soft evacuation, without pain, even when the tumors are inflamed. The confection of senna is a very useful laxative in piles. Dr. Roberts Bartholow says: "Hemorrhoids when due to obstructive difficulty in the liver, may be removed temporarily, and, if due to constipation, may be removed permanently, by stillingia." He also states that hemorrhoids of recent formation, and that bleed in consequence of stasis in the portal circulation, are sometimes cured by a brisk podophyllum cathartic. In recent cases of bleeding piles ergot is often curative by causing contraction of the vessels. Other internal remedies that are found useful in hemorrhoids, are, the alkaline mineral waters, the sulphides, belladonna, copaiba, cubebs, digitalis, confection of pepper, sulphate of potassium, etc. In hemorrhoids attended with great irritation and pain, much relief is often obtained from the warm hip bath, bathing with warm or cold water, or the application of a warm bread-and-milk poultice. Prolapsed internal piles should be oiled and carefully replaced above the sphincter. Inflamed, non-bleeding, irreducible piles, may require local depletion by leeches, or cupping over the sacrum. Belladonna ointment locally applied affords great relief in painful hemorrhoidal tumors. Iodoform ointment:

℞	Iodoformi	ʒ ss
	Zinci oxidi	ʒ ij
	Adipis	℥ j

M.

or iodoform suppositories are also efficient remedies. When bleeding so as to require interference the patient should be kept in bed. Ice or cold water may be applied. A solution of alum (ʒ j—ʒ ij ad. aq. ℥ viij), may be gently injected, or a crystal of alum cut into a smooth suppository may be introduced into the rectum.

Bartholow recommends the following ointment to be appiled to piles when they protrude, bleed, and are painful:

℞	Pulv. aluminis	ʒ ij
	Pulv. camphoræ	
	Pulv. opii	āā ʒ j
	Unguenti	℥ j

M.

The bleeding may be much diminished by washing the tumors, when they protrude, with the solution of the sulphate of iron, or the application of tannin in fine powder.

Barker recommends the curative powers of the following ointment which he directs to be applied to the tumors, and well up the rectum, twice daily:

℞	Ung. gallæ co.	℥ j
	Extracti opii aq.	℈j
	Sol. ferri persulph.	ʒ j

M.

Oesterlen has found the following to be a serviceable ointment:

℞	Pulv. gallæ	℈j
	Pulv. opii	grs. x.
	Ung. plumbi subacetat.	℈ij
	Ung. simplicis	ʒ j

M.

An ointment composed of equal parts of the extract of hyoscyamus and lard is very serviceable when applied to painful hemorrhoids, or, the following is a very soothing lotion :

℞ Liq. plumb. subacet, dil........... 1 ℥ vj
Spt. rosmar......................
Tinct. opii............ ....āā f ℥ j
M. Sig.—To be applied several times daily.

When the tumors have become ulcerated an ointment of the persulphate of iron, (ʒ ss— ʒ j, unguent. ℥ j) is very efficient as a curative agent.

The following ointment is soothing and curative in all forms of the disease:

℞ Ung. stramon....................
Ung. gallæ............ ....
Cerat. plumbi subacetatis........āā ℥ j
Pulv. opii.................... ... ʒ j
M.

The daily practice of injecting half a pint of cold water into the rectum has a very beneficial effect on piles, by constringing the vessels, and softening the motions before the usual evacuation. Small hemorrhoids can be effectually destroyed by exposing them through a speculum, and applying strong nitric acid on a pine stick, followed by a free application of olive oil. Large piles are better treated by applying a double ligature around the base of the tumor, by the galvano-caustic loop, or other radical measures. External hemorrhoids should be excised, removing no more integument than what covers the tumor.

The hypodermic injection in hemorrhoids which is becoming quite popular with the profession, consists in injecting the tumor, whether internal or external with ten or twelve drops of a solution of equal parts of carbolic acid and glycerine, carbolic acid and aqueous ergot, or the ergot alone.

Dr. J. E. Clark in a valuable article on this method of treating piles, published in a recent number of this journal, says: " The method of injecting, and so far as my experience goes, is not of much moment provided we inject to the base of the tumor, and avoid the sensitive zone, situated near the base. This spot avided, but little immediate pain is perceived by the patient ; after the lapse of a few hours, however, in many cases intense pain is experienced, which I am convinced bears but little relation to the mode of injection."

Elongation of the Cervix—A Clinical Lecture.

BY PROF. WILLIAM GOODELL, M. D., PHILADELPHIA.

The patient, a white woman some thirty years of age, tells me that she has been married for about ten years, and that a child was born very soon after marriage. Now, gentlemen, this fact of children is generally a very unpleasant one to newly married couples, and they not infrequently make use of methods, to prevent conception. If you ask me what I think of this interference with the due course of nature, I tell you very candidly that I always hold it to be a very great sin unless there be, indeed, some imperative necessity for the performance of abortion, or the prevention of conception, such as the existence of a narrow pelvis, etc. I hold that the woman who thus attempts or sanctions the attempt, to thwart the proper consequences of conception, becomes a man's mistress, and is no longer his true wife. The method of preventing conception employed in the present case was that by the withdrawal of the male organ before the completion of the sexual orgasm and the ejaculation of the semen. The result of all this was, and has been, of course, that the congestion of the uterus and vagina consequent upon the act was not relieved but that the parts were each time left congested and erected, thus giving rise to a condition of constant irritation. Upon the other hand the crisis of the act is not wholly reached on the husband's part and the vasa deferentia do not completely empty themselves of the contained semen hence his organs are also kept irritated.

What are we to do for the woman? . She does not suffer much, but it is a very unsightly and inconvenient state of affairs, moreover, she bleeds considerably at her monthlies, and coition as I have already remarked to you, seems to have taken place entirely of late in the external os, which is on that account more enlarged than the congestion alone could have brought about. 'What are we to do. The patient comes here to see what can be done for her. There are two things which we shall immediately proceed to do: (1) I shall remove a portion of the elongated cervix. As a result of this operation,an extensive raw surface will be left behind which will cause retrograde metamorphosis. Two months from now, I feel quite sure that this patient's uterus will measure less than it did in its virgin state. This will be our first operation. When the woman gets over its effects we may have the second operation to perform, of denuding a V shaped position of the perinæum and vagina and putting some stitches in. This will only be necessary if the fundus still remains low down and the natural elasticity of the perinæum seems slow to reassert itself. Now, in order to remove the serperabundance of tissue in the cervix I might just pass the loop of wire over the end of the growth and proceed to cut it off without any further ado. If I were to do this I might cut off a piece of Douglas' pouch; for it is impossible to discover just how low down it lies. This being the case, the only proper *modus operandi* consists in removing the cervix at its vaginal junction. The bladder, too in such cases, is also prolapsed, as you have just learned and if I were not to be careful in cutting, I might remove part of the bladder with its peritoneal covering. I first clean a sound and pass it carefully into the bladder. If I were not to clean the sound I might give rise to an attack of cystitis. The sound may enable me to find out the position of the bladder, that is if I can manipulate the instrument properly in the limited space allowed me by nature. I should be ashamed to cut into the bladder, and so I will map out its site as carefully as I can. A careless cut might open into Douglas' pouch behind and the bladder in front. Indeed to render assurance doubly sure I shall use a dilator, and enlarge the urethra so as to enable me to get my little finger into the bladder. It is hard to get into the bladder here, owing to the traction which the prolapsed uterus has exerted upon the urethra. No doubt that the constant difficulty which this woman has experienced in passing her water has been largely due to this same traction. I am not ready to assert that impregnation may not occur while this condition of affairs (elongated cervix) exists; but it usually does not take place, for it is likely that the same epithelial changes have taken place above as are evident below thus preventing conception; and when the woman wants a child she finds that she cannot get one. Numbers of women come to me to see if I cannot render their wombs fruitful again after many years of induced sterility. I am trying to show you the proper way to dilate the female urethra; but I am doubtful whether I can succeed in getting my finger into the bladder without consuming too much of my time. I have not yet passed the second joint of my little finger into the bladder; but I am gradually working it in. I should advise you to take more time as a general rule, in performing this operation of dilatation than I am now taking. At last I have succeeded in getting my finger well in, so that I may at once proceed to put the wire loop in place. I am going to use the galvano-caustic battery. I have now got my finger well down upon the lowest part of the bladder, and shall proceed to tighten the caustic wire loop. I am always nervous lest I may cut into Douglas' pouch in these cases. It is generally found to lie above the vaginal junction, but the rule is not without exceptions. I shall have to run my chances after having eliminated every possible source of error. The cervix is very large and the wire is not small, so that it burns its way through but lazily at first. The current is going slowly, but nicely. I now tell my assistant to interrupt it for a moment, for if I were to cut straight through there would be great danger of secondary hemorrhage as the wire loop becomes smaller the heat becomes more intense. These are some big vessels in this cervix which I feel pulsating here. The galvano-caustic battery is a very beautiful instrument, but it is an equally capricious one. Here, the end of the cervix has come entirely away; it looks very much like a piece of potato cut off with a rusty knife. These layers which you see so marked on the surface of the wound were caused by the alternate breaking and making of the galvanic current. I am going to examine carefully at once and see if I have touched the bladder, or Douglas' pouch. No; they have not either of them been injured. I might, perhaps, have taken off a larger slice, but I have studiously kept on the side of prudence. If I had cut into these cavities, in addition to the danger of traumatic peritonitis, I might have had to perform the operation for vesico-vaginal fistula. There is some objection to the use of the galvano-caustic battery, in that it may cause too much cicatricial contraction of the os, but this rarely happens, owing to the great size of the part.

What after treatment shall I order? I will not denude the perinæum to-day, for there is risk of secondary hemorrhage from the wound. I shall simply put the patient upon a supporting treatment of milk and beef tea. In the course of a few days a purulent discharge will, no doubt be set up, when I shall order the parts thoroughly cleansed with a solution of the permanganate of potassium. The temperature of the patient, as taken in the rectum, will probably run up as high as 101° to-night. If it remains so high to-morrow I shall put her at once upon large doses of quinia, doses of from 20 to 30 grains in the course of the 24 hours. I shall give her this quinia in doses of 10 grains at a time. Ten grains given in one dose is a more powerful means of reducing high temperature than two grains given every two hours.

Some years ago I performed an operation such as this and a furious peritonitis was set up. I did not cut into Douglas' pouch or the bladder; but I must have touched the former, for the patient died in the course of 48 hours. Since then I have performed the operation very often, and with invariably good results. The danger of the occurrence of secondary hemorrhage is my principal objection to the use of the caustic wire. The cold wire is better in this respect. Still the hot wire cuts cleaner, while the cold wire, or *ecraseur*, is but too likely to drag the surrounding tissues into its embrace. I had two reasons for employing the galvano-caustic loop today: (1) the fact, which I have just mentioned, of its doing cleaner work, and (2) because I wished you to become acquained with its appearance and use.

A Case of Diphtheria.

REPORTED BY A. W. MITCHELL, M. D., DIALTON, OHIO.

Belle M., æt. 9. Was called December 6th; found symptoms of an ordinary case of diphtheria in third day of disease. Considerable exudation on both fauces, most on the left side. Also glands considerably swollen, pulse 130, temperature 102°

Prescribed:

℞ Potassii chloratis.................. ʒ ss
Tr. ferri chloridi.................. ʒ ij
Aquæ.......................... ℥ jv
S. A teaspoonful every two hours. Also:
℞ Quiniæ sulph.................... gr. ij.
Potassii chloratis.................. gr. j.
S. One every four hours.

I also ordered milk to be taken freely.

Called again next morning, temperature 100°. No exudation on right side and only a cloudiness on left. Patient better in every respect.

Treatment continued with instructions to lengthen the interval the next day and if she failed to continue to improve to let me know. Two days after, (the 9th) the father reported saying that she seemed almost well the day before. Had eaten very heartily and had been out in the wash house. Had eaten tolerably well that morning but didn't want any dinner and didn't seem quite so well. I told him that I would call in the evening. I called in about three hours and found that vomiting and purging had set in. She was very sick, had an intense headache, flushed face, pulse 148, temperature 104½°. Everything she took was immediately rejected, even a very small dose of a solution of chlorate of potash was thrown up. External glands were badly swollen and the passage between the pillars of the fauces was almost closed by the swelling and the exudation, which extended back and down as far as I could see and out to each side. I gave her a powder composed of about equal parts of sub. nit. bis., Dov. powd. and chlorate potash, and found that she retained it. I also painted her throat with a strong solution of nit. of silver, and ordered spoonful doses of milk every two or three hours. After that I saw her twice a day for a week, painting her throat with tr. chloride of iron or Monsel's solution with glycerine added, and a couple of times I used a solution of nitrate of silver; I also left an atomizer and ordered a spray of lime water with glycerine and carbolic acid added, thrown on the exudation every three or four hours, and nourished her by enemata of milk. The excessive irritability of the stomach gradually subsided and in a couple of days a solution of the chlorate was retained as well as a small amount of milk and brandy. This general line of treatment was followed throughout. On the twelfth day she broke out all over with a rash exactly resembling a scarlet fever rash, but with a temperature of about 101°. This remained about four days before leaving and was followed by albuminuria which lasted about three weeks, but with no dropsy. During the time she returned to the tr. chloride of iron, quinine, iodide of potash, bitart. potash, (small portion given each evening) and sweet spirits nitre. There was also with the disappearance of the rash, an irregular beating of the heart, an apparent skip about every sixth or eighth, or sometimes twentieth beat. While that lasted I added tr. digitalis to the bitart. mixture and the irregularity disappeared in about a week. Partial paralysis followed, and now January 25th she is gradually gaining strength, with some cough; pulse ranging about 100 to 120, temperature 99°. No albumen in urine, appetite moderately good, digestion excellent, throat apparently well. Lower limbs and organs of speech partly paralyzed, but getting better. She is now taking strychnia, quinia, iodide and bromide of potash, Dover's powd. and rhubarb, and tr. chloride of iron,—not at all once but as the state of her cough, digestion, etc., would indicate, and I tell her that I expect her to have regained her health in two months.

REMARKS.

Though so much has been said of late on diphtheria, most of it is in regard to the disease free from complications. I would like to hear from those who have had experience, how they treat those cases which flash up so suddenly and everything that is given is rejected and the little patient seems in danger of suffocaion from the intense swelling and the exudation, also the persistent albuminuria of a later stage, as well as the persistent, accelerated pulse and elevated temperature as in the above case, I will also call attention to the rash which appearing so late in the disease is not common, and the irregular heart beating which I feared was due to dropsical effusion, but which I now attribute to gastric derangement as the stomach was irritable for a month. But I have not seen such a complication mentioned. February 28th, this date, the patient is well.

Arrested Fœtal Development.

REPORTED BY F. M. CALKINS, M. D., ALLEGAN, MICH.

I was called Jan. 26, 1881, to attend Mrs. C. in confinement. She had reached but the seven-and-a-half month of gestation. In conversation with her at the bed side, she told me that five days previous to the above date, movements of the child had ceased, and that she was positive that the child was dead, as its movements had been very pronounced before. Upon examination I found the *os uteri* soft and dilating with a small pouch of fluid protruding. About three hours after my arrival a male child was delivered, dead. With the exception of the head it was a well developed seven-and-a-half month fœtus, weighing about eight pounds, with a round full body and shapely limbs. But the bones of the face and cranium showed an entire absence of union between each other. It was only in their cartilaginous attachment that development had been arrested. The bones themselves were well developed. The inferior maxillary was not united at all by cartilage at the symphysis and the different bones of the face were only held in their places by their muscular coverings, and slight ligamentous attachment. There was no boney covering at the top of the head and the muscles of the scalp hung over backward in the shape of a bag. Within this bag could be felt a fluctuating liquid and floating about in this liquid could be felt the two parietal bones together with the occipital apparently free of all attachment.

I regret that I did not have the opportunity of making a more thorough *post mortem* examination, but the mother would not permit me to take the body from the room and I was obliged to make the dissection in her presence.

I made an incision through the muscles of the scalp from before backward to the spine and through this incision a large quantity of bloody liquid escaped. The liquid was of the consistency of ordinary syrup, and in it could be seen small particles of brain substance, both grey and white. When the liquid had all escaped it left the cavity of the scull entirely empty. There was no brain left within. Upon opening the cervical spinal canal it too contained the same dark liquid, without any apparent look of organized spinal cord. The two parietal bones were loose from all attachment, either cartilaginous or muscular, and the occipital bone had but one attachment and that was at the internal protuberance. There was an entire absence of organized cerebrum, cerebellum or medulla oblongata.

It perhaps would be well to mention that the mother at this time was being treated for an accute attack of gonorrhœa that she had contracted from her husband, she herself being ignorant of her complaint. The treatment was simple warm injections of water medicated with weak solution of sulph. zinc and carbolic acid. I do not think that the gonorrhœa had anything to do with the monstrosity.

The child had evidently been dead but five days and the parietal and occipital bones were probably displaced during labor. I do not think that the brain could have become so rapidly disintegrated in the five days of evident death of the fœtus, or that the displaced bones floating about loose in the cavity of the scull could have produced the result of entirely destroying all resemblance of separate brain formation.

I send you simply a record of the case without any comments.

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Gelsemium in Neuralgia.

BY W. K. BYRON, M. D., UPPER SANDUSKY, OHIO.

Sometime ago I noticed an article in the NEWS on the curative effects of gelsemium in cases of supra-orbital neuralgia. I had tried the drug sometime before the appearance of the article metioned. I have used it in five cases of neuralgia of the supra-orbital region, and in neuralgia affecting different branches of the fifth nerve, and never had medicine produce the required effect in so short a time or so thoroughly. The last case in which I prescribed it was as follows:

Case 5th. Frank K.; æt. 27; married and in good health until the 7th of January, when he took a severe cold, producing neuralgia over the left side of the face, and in the supra-orbital region. He consulted me on the 9th of January, complaing that he could not get any sleep, and that unless he got ease the pain would kill him. I put him on gelsemium in five drop doses, every two hours until he got ease, then every four hours. After taking the second dose he experienced relief which continued. He took the medicine until he experienced its toxic effects, fullness of the head, dimness of vision, languor and drowsiness, dull heavy feeling of head; in walking he would stagger like a person intoxicated. These symptoms supervening, he discontinued further use of the drug, and on the morning of the 10th he was entirely rid of the neuralgia.

Last fall, or in the latter part of the summer, I employed the fluid extract in a severe case of inflammatory rheumatism, alternating it with aconite, giving it in five drop doses every two hours. The patient, a young lady, made a good recovery. I have used the gelsemium in a number of cases, and have found it to be relied upon as a general thing. It acts first upon the sensory nerves, but afterwards to a certain extent upon the motor nerves also. I have seen it recommended in cases of rigid os, and in hysteria during or at the time of parturition, and should be pleased to hear further of it in this connection.

Selections.

GELSEMIUM IN INCIPIENT EPILEPSY, ETC.—We attended together a case of cerebro-spinal meningitis in a young married woman, nursing her third child, which was a few months old. The patient's parents on both sides were strumous. The case was complicated by slight typhoid symptoms. After convalescence from the meningitis was fairly established, she commenced having epileptic fits. We tried chloral, morphia and bromide of potassium—the last named remedy being pushed to the degree of causing nausea, yet without any beneficial effect. We saw that unless something more was done, we would have a case of confirmed epilepsy to deal with; we put her upon the fluid extract of gelsemium, three drops every two hours, and gradually increased the dose to nine drops. Amendment was noticed in two days, and in one week the fits ceased. Several months have elapsed, with no return of the disease.

In a case of hystero-epilepsy in an unmarried colored girl of about 20 (menstruation normal), with intense clavus hystericus and hemi-anæsthesia, which had been a very troublesome case at different times, we pushed the gelsemium until fifty-eight drops were taken every two hours for days together, with the effect of quelling the paroxysms. A few mild attacks came on afterwards, but were controlled by the medicine, and they gradually subsided; and for several months there has been no return.

The range of the dose is considerable; for during the same time that we were treating the last mentioned case, one of us treated a rather sthenic case of pneumonia in a young married woman, nursing her third child, which was a few months old, and four drops produced the peculiar constitutional effects of the drug. The patient rested as quietly as if she had been asleep, and afterwards said that she could hear the attendants discussing whether she was asleep, and sometimes she could hear some of them say "Now I know she's asleep." And yet the pulse was only reduced from 120 to 112.

We give these results for what they are worth, without going into any physiological discussion. From what we have seen of this remedy in practice, we believe it to be at least as safe as veratrum, and its constitutional effects can be brought about without the nausea and depression that veratrum causes whenever it is pushed far enough to control the circulation. When the gelsemium produces muscular weakness, in adynamic cases of pneumonia, we think it had better be abandoned. The effect passes off very soon.—*A. W. Wiseman and W. S. Crump, in Va. Med. Monthly.*

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ON THE TREATMENT OF FRACTURE OF THE THIGH IN SMALL CHILDREN.—Dr. Lentze, of Saarbruecken; In the following, I beg leave to report a case of fracture of the thigh in a child, which I treated by a new modification of the extension apparatus. The idea is not my own, but one for which I am indebted Schede, who mentioned it to me during the fall "sessions" of last year. I am not aware that any notice of this method has ever appeared in literature; however this may be, it is certainly not generally known. As it presents, in particular cases, very material advantages, and as it deserves to come into general use, it appears to me that this publication might be of interest.

The great difficulty with dressings applied to the pelvis or thigh of a young child, is to keep them from becoming soiled, which could not be successfully done by any of the methods heretofore practiced. The younger the child the oftener must the dressings be replaced—either partially or entirely—and even then, the bad smell, as well as the early appearance of the excoriations and eczema is not entirely avoided. The method now about to be described overcomes this drawback in the simplest and most complete manner.

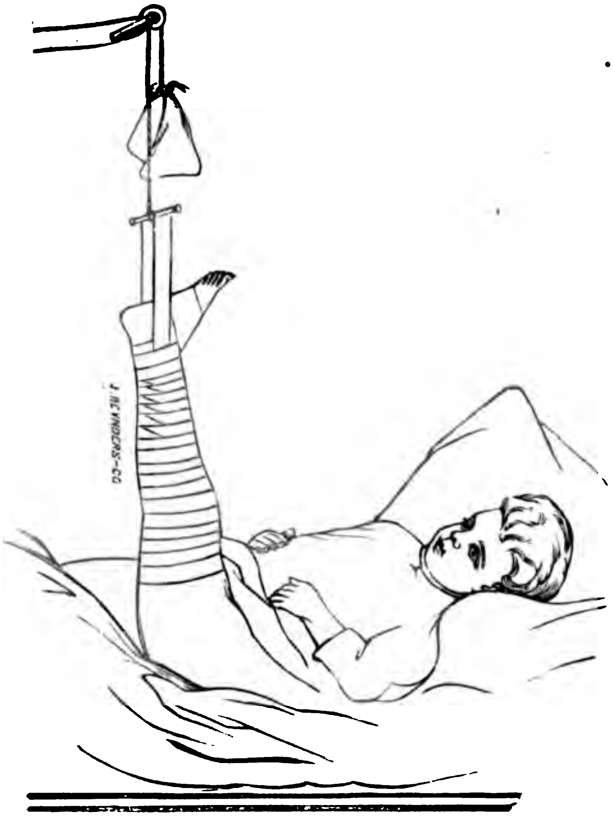

FIG. 1.

August Künzer, a vigorous, healthy child, aged two years and seven months, was brought into the hospital with a fracture of the left thigh, received by a fall on the stairs. The point of fracture was between the middle and upper third. On the following day a dressing was applied, composed of the adhesive plaster and flannel roller generally used for horizontal extension, the pulley-frame was so fastened above the bed that the pulley came directly over the pelvis of the patient, and in this manner the entire extremity was suspended in a vertical position. The weight—a sand bag—was just such that the nates, by very slight assistance from the hand, could be made to swing clear; for this purpose about four pounds were required. (Fig. 1.)

The child did not manifest the slightest sign of uneasiness during the whole procedure, nor did the unaccustomed position cause him the slightest apparent discomfort during the entire treatment. He was always cheerful and inclined to play.

I allowed the apparatus to remain in place fully four weeks. The bed-pan could be easily placed in position when needed, without interrupting suspension; it was also easy to clean the child when he had soiled himself—which he did very frequently—and the bandage remained clean during the entire course of treatment, A sufficient callous developed early and became firm at the end of the third week, and my allowing the dressing to remain in place a week longer may be considered an unnecessary precaution on my part. I removed them on June 23d, and found the result satisfactory in every particular; the recovery was perfect and without any deformity, and the patient was dismissed shortly after.

The patient did not remain absolutely quiet, especially during the last week: I frequently found him sitting upright in bed—the body parallel to the suspened leg. At the first cpportunity I shall modify the method somewhat, so as to prevent the too free movement of the patient. First an attachment can be easily applied—similar to Volkmann's sliding foot-board—which will prevent a rotation of the foot and a consequent *dislocatio ad peripheram;* over the flannel bandage, a light plaster-of-Paris bandage can be applied, reaching to about the middle of the leg and including part of the foot; at the lower end of the calf, a piece of wood may be secured in the plaster, and made to slide between two other prism shaped pieces. (Fig. 2.) Such a contrivance can easily be secured to the frame of the extension pulley.

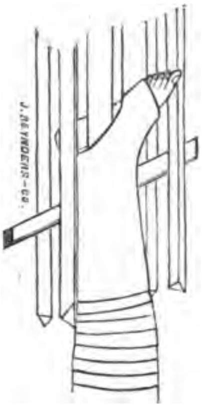

Fig. 2.

If anything further is desired, a belt may be placed around the patient's thorax and either be sewed directly to the mattrass, or to another strap, which is to be fastened to the sides of the bed after the manner of Rauchfuss' swing.

Small children have the habit of drawing the thighs up toward the body. By this movement of a fractured thigh, an angular position of the fragments —the angle opening posteriorly—may easily occur, as only the upper fragment follows the movement. This *dislocatio ad axin* is also most successfully prevented by the vertical suspension.—*Berlin. klin. Wochenschr.*, No. 52, 1880.—*International Journal of Medicine and Surgery.*

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Pilocarpin in Diabetes.—L. von Hoffer publishes (*Wien. Med. Woch.*. 1880, No. 36) a case of diabetes mellitus, treated by the hypodermic injection of small doses of pilocarpin. The patient, a male æt. 27, had been suffering from symptoms of the disease for more than a year. He was much emaciated, very languid and feeble, with a dry and scurfy skin, tormented by hunger and thirst. The body-weight on admission was 54.5 kilogrammes (about 119 pounds). Twenty-four hours urine (mean of ten days without treatment) varied from 6,000 to 9,700 cubic centimetres (roughly equivalent to from ten to seventeen pints (and contained from 480 to 786 grammes of glucose (about 17 to 28 ounces). He was placed on a fairly liberal diet, with a daily allowance of fifteen ounces of wheaten bread. A dose of two centigrammes (about one-third grain) of hydrochlorate of pilocarpin was injected on January 23, 29 and 31; February 13 and 20; and in March he had five injections between the 5th and 7th. Every dose was followed by profuse salivation and sweating without any disagreeable or alarming after-effects. After every injection, there was a striking diminution in the amount of both water and of glucose excreted, and this diminution lasted for several days. The general result of the treatment was encouraging; the quantity of urine fell from a maximum of 9,700 centimetres to 3,800 centimetres per twenty-four hours; the quantity of sugar from 786 to 224 grammes. The skin lost its dryness; the tormenting thirst was relieved. Although the patient's weight was not increased, his strength and spirits were so much improved, that he was dischared at his own request to make his own way home on foot over a mountain 5,600 feet in height. In commenting upon the case, the author alludes to the unfavorable results achieved by Furbringer with the same treatment; these he attributes to the unduly large dose of alkaloid injected (12 centigrammes), and the brief intervals allowed to elapse between successive injections. —*Lond. Med. Recd.*

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Pain and Anodynes.—Dr. Roberts Bartholow, of Philadelphia, says: Several elements enter into the composition of pain—the peripheral irritation, the transmission of the impression to the centre, and its realization by consciousness. Hence, pain may be relieved either by interrupting its transmission to the centres of conscious impressions, or by suspending the functions of these centres. For example, aconite and gelseminum relieve pain in the former manner, and the anæsthetics in the latter. The anæsthetics, when applied locally, however, have an effect similar to that of aconite, and are, therefore, antagonistic to both peripheral and centric neuralgia. When a few mimims of chloroform are injected into the neighborhood of a nerve-trunk, the peripheral expansion of the nerve is put into an anæsthetic and analgesic condition; and since he introduced this method of treating sciatica, cervico-brachial and intercostal neuralgia, coccydynia, and other neuralgias of nerves in accessible situations, his experience has been extremely satisfactory. The needle must be inserted deeply, since merely to inject chloroform under the skin, like morphia, is perfectly useless in such neuralgias, unless the nerve-trunk is in the immediate vicinity. No danger attends this expedient, and inflammatory induration and abscesses very rarely result from it. The most powerful means for relief of pain which is now in our possession—the subcutaneous injection of morphia and atropia together—is an illustration of the advantages derived from the study of physiological antagonism. By this combination the anodyne qualities of the two agents are enhanced, rather than diminished, while the disadvantages of each are in a great measure obviated. The combined use of morphia and atropia is, also, the best preventive of the tendency of anæsthetics, like chloroform and ether, to produce fatal paralysis of the heart or lungs; while the prescription of atropia simultaneously with chloral to a great extent averts the dangers that sometimes attend the use of that agent.—*Nashville Jour. of Med. Surg.*

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SYPHILITIC DISEASES OF THE LUNGS.—These have recently been studied by Prof. Gamberini, of Bologna, whose article appears in the *Gior. Ital. del. Mal. Ven.* His results are that the existence of a simple inflammatory syphilitic pneumonia may be admitted, but is not yet conclusively proved. The occurrence of a gummy form of disease of the lung is established beyond doubt. True pulmonary tuberculosis may be associated with syphilis, but it preserves always its own pathological characters. To distinguish between the syphilitic and the tubercular forms of lung affection, the author proposes for the former the title of "consumptive pulmonary syphilis." The influence of specific treatment is, at the present time, the best therapeutic means of diagnosis between tubercular and syphilitic disease of the lung. Prof. G. agrees with Schnitzler, that pulmonary disease as a consequence of late general syphilis, or even of acute secondary syphilis, is not a rare occurrence. Laryngeal lesions often precede or accompany syphilitic pulmonary affections. This has been proved by the observations of Schnitzler, who, indeed, affirms that the diagnosis of syphilitic lung disease may be made by means of the laryngoscope alone. The symptoms of syphilis of the lung are generally those of pneumonic phthisis, from which, during life, there may be no certain means of distinguishing it; even after death, the distinction cannot always be made between gumma and tubercle, especially when the gummy nodules are in a state of caseation, or are infiltrated. Syphiloma most usually spares the apex, whereas tubercle most frequently attacks that portion of the lung. This, however, is not constant, as has been shown by Fournier. The course of pulmonary syphilis is usually slow and apyretic, which is not usually the case in tubercular phthisis. Syphilis, also, is accustomed to attack only one lung, and one part of the lung. This tendency to localization is considered by the author to be a very important point in the diagnosis of pulmonary syphilis, whether the lung be attacked at an early or at a late stage of the disease.—*Medical and Surgical Reporter.*

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ON THE ABORTIVE AND CURATIVE TREATMENT OF SMALLPOX.—"On the 16th of January, 1880," says Dr. Bouyer, of St. Pierre de Fursac, in the *Bull. de Thérapeutique*, December 25, "I addressed to the Academy of Medicine the following letters:—'I have the honor to forward to the Academy a sealed packet containing a formula for what I believe to be the curative and abortive treatment of smallpox, and which I have found very successful in six cases. When I have tried the treatment in a greater number of cases, I shall lay before the Academy the results of my investigation.'"

On the 16th of March, Dr. Bouyer had had fifteen cases, all confirming the efficacy of the remedy, and shortly afterwards he was pleased to make it known. The following is the formula recommended:—

℞ Alcohol	10–15 grams (2½–4 ʒ)
Salicylic acid	1 gram (15 grs.)
Simple syrup	20 grams (5 ʒ)
Water	50 grams (1½ ℥).

M. Of this a tablespoonful should be taken every six hours if the case is seen early, and every four hours if the disease is well advanced before the treatment is begun. Dr. Bouyer finds that under this treatment, commenced early, the eruption is discrete, or if confluent, the pustules are of small size, and contain little pus. They contract between the sixth and eighth day, leaving light furfuraceous crusts, which fall off in a few days without leaving either cicatrices or stigmata. The fever of suppuration is always greatly diminished.—*Med. and Surg. Reporter.*

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REFLEX COUGH.—Dr. Katzenbach reported a case of harassing cough in a man, aged twenty-six, of somewhat intemperate habits. He had taken cold a few days before, and had some fever, with a mucous and bloody expectoration. There was redness of the vocal cords, but no physical signs in the chest. One evening, while coughing violently, a hernia occurred. The paroxysms of coughing were most obstinate and violent. The patient grew worse for two or three weeks and lost weight, the oxalate of cerium, anodynes, quinine, and abstinence from alcohol having been tried without benefit. The cough was finally looked upon as reflexed from the stomach. Codeine gr. ¼, bismuth subnitrate gr. xv, and oxalate of cerium gr. ijss. gave immediate relief. There were no symptoms pointing to the stomach, except loss of appetite and redness of the tongue.—*New York Med. Jour.*

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TREATMENT OF INFANTILE DIARRHŒA BY POWDERED CHARCOAL.—Dr Guerin, in referring to a recent communication to the *Academie de Medicine*, made by Bouchardat, remarks that for a long time he has been in the habit of combating infantile diarrhœa by mixing the milk in the sucking-bottle with charcoal powder. He usually adds half a teaspoonful of the powder to one bottle of the milk. The infants take the milk readily, and in a few days the greenish stools of the little patients change to a dark yellow, while their consistence becomes increased. In addition to the admixture of powdered charcoal, the milk is diluted by one-half or one-third of its bulk of sugared water. He has frequently seen intractable summer complaints yield in a few days to this treatment.—*Obstetric Gazette.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, APRIL 11, 1881. No. 7

Editorial.

Eleemosynary Institutions and New Remedies.

"The poor ye have always with you," is a saying as full of truth in this latter quarter of the nineteenth century, and withal as full of significance to us, as it was to the contemporaries of Him who uttered it. We remember having read somewhere an elaborate argument in support of the proposition that the existence of poverty in the world is a blessing rather than a curse—productive of the greatest good to humanity. It was not denied that poverty is, *per se*, a grievous burden to its victims, but it was maintained that its existence in the world affords a field for the cultivation in the wealthy of those graces which most adorn humanity, most closely ally it to the divine, and without which wealth would be one of the direst calamities.

This may all be quite true, and as a sentiment it is indeed very pretty, but we are of those who believe that in the present constitution of society and moral make-up of the great bulk of paupers, indiscriminate charity is productive of more objective evil than is counterbalanced by the subjective good it works. Without a doubt a very large number of paupers, not to say the majority of them, are such by profession, and prey systematically on the benevolence of society, while indiscriminate charity places a premium on sloth and vice. removing want and hunger, those powerful incentives to effort. The bestowal on a person of support which he does not earn is demoralizing, and destructive of manhood.

But what has this to do with medicine? A great deal. As a class there are none who contribute gratuitously so largely as physicians, and we have reference now not to services given in the vain hope of reward, but to such attention as is voluntarily given without pay or hope of pay. Professional services have a definite money value and their effect on the pauper recipient of them is not different from those attending the actual bestowal of the cash which they represent. But the physician must not suffer a man's antecedents or the cause of the disease to prevent the medical aid. The burglar shot down even in his attempt at the homicide he would perpetrate, and the loathsome debauchee, saturated with whiskey and syphilis may each command the doctor's services—"his not to reason why; his but to do, and (sometimes) die."

Where then is the antidote to the demoralizing effects of the physician's unavoidable charity? We have a suggestion: There are every year a number of new remedies introduced to the materia medica, whose therapeutic properties can only be determined through their actual trial in disease. The value of a remedy cannot be determined until it has been subjected to the crucial test of experience. In view of the imperfect state of our knowledge of the therapeutics of drugs, and of the fact that the valuable additions of late years justify the hope that there yet remain many untried articles of real merit, the duty is incumbent on the physician to "prove all things" that he may learn the good to "hold fast" to. The patient who fees his medical adviser does so to secure his most exact knowledge, his very best ability, and it is unjust and wrong for the physician to prescribe for such a case an untried drug, at least before he has given those of which he had definite knowledge a trial. New, that is absolutely untried, remedies in such cases are justifiable only as *dernier ressorts*. We by no means wish to have it inferred from this that the interests of the poor should be jeopardized by experiments. There are, however, as we all know, a large class of cases in which the experimentation might be made without seriously, if at all, compromising the chances of recovery. These are the cases, occurring in non-paying practice (pauper and dead-beat) which might be, and perfectly legitimately, made profitable to science and to the advancement of therapeutics in the manner indicated.

The eleemosynary hospitals, also, offer an excellent field for the prosecution of research into the medicinal properties of new drugs. Hospitals have a double purpose: the care of the sick and the promotion of science. The arguments in favor of utilizing pauper practice in the interests therapeutic progress apply with peculiar force to these institutions. The patients here being under more thorough control the elimination of symptoms due to other causes enables the effects of the drug to be more successfully determined. No new drug is placed on the market without the previous determination of its general properties, either through physiological experimentation in inferior animals, or through popular use in its habitat, and the information accompanying all the new remedies introduced of late years, is sufficient to enable the prescriber to guard against accidents. The gentlemen in charge of the hospitals are, moreover, usually of the better class of practitioners, and better fitted by education, and cultivation of the faculties of observation—ability to trace the connection between cause and effect—to conduct experiments of this nature.

The Death Rate of Detroit.

It is the boast of its citizens that Detroit is one of the most healthful cities in the world. The estimate on which this opinion is based is the relation of the number of interments in our city cemetries to the estimated population. This relation shows an annual death rate of about 17 per thousand. The population as estimated in the determining of this death is 180,000. But this includes that of the immediate suburbs of Hamtramck and Springwells, the dead of which are, however, also interred in our cemetries. It would seem that as long as the deaths in these suburbs are included in the estimate the general result would not be effected. This is not the case. In the following table the population opposite Detroit is that actually in the corporate limits, and the death rate is calculated on the actual deaths occurring in these limits:

Cities.	Population.	Death Rate.
Chicago	503,298	17.9
Philadelphia	850,000	18.3
St. Louis	333,577	18.8
Boston	375,000	20.0
Baltimore	398,796	20.9
London	3,254,260	21.0
Leeds	318,291	21.8
Glasgow	589,598	21.9
New York	1,208,223	23.4
Paris	1,988,806	24.0
Brooklyn	556,889	25.8
New Orleans	216,359	27.7
Lyons	342,815	27.7
Berlin	1,096,644	29.3
Dublin	314,666	32.9
Detroit	116,342	21.18

These figures show Detroit to be, in spite of its natural advantages, by no means an exceptionally healthy city. Our magnificent river, our (supposed) splendid system of sewerage and our broad and well paved streets—our pride and boast—should, it would seem, secure for us a much better showing. Wherein lies the vitiating cause? We do not know, but there is a circumstance connected with our city government which, if interrogated, might throw some light on the subject. Detroit occupies the anomalous position in the blaze of the civilization of this latter quarter of the nineteenth century, of having no board of health. It has had no organization of any such body for over two years, and although previous to that date it had a board of health the title belonged to it only through courtesy. There has never been made a sanitary survey of the city, and the most that is done to preserve the health of the community is to remove such nuisances as appeal for abatement to the sense of smell.

A bill is now before our State legislature providing for the organization of a board of health on a scientific basis, but its passage is by no means assured. The influence of pot-house politics extends even to such matters as these, and the result of efforts at reform is correspondingly problematical.

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Tonsillotomy vs. Virility.

We suppose it would be difficult in the present state of our knowledge to trace any connection between the tonsils and the functions of the testicles, and probably the existence of any such connection is little suspected. The following extract, however, from a recent lecture by Dr. Penrose, Professor of Obstetrics in the University of Pennsylvania, would seem to imply an intimate inter-dependence: "I would never excise a male child's tonsils without explaining to the parents the possible effects, for I saw some years ago a statement made by a writer in one of the foreign quarterlies that amputation of the tonsils for the cure of chronic tonsillitis, was sure to destroy virility in a man. Some time after reading the article in question a medical friend happened to drop in, and, not at all satisfied in my own mind regarding the accuracy of the writer's statements, I put the question directly to him: 'Do you believe that amputation of the tonsils destroys a man's virility?' 'Oh, no, doctor,' said he, 'that's all trash; why I had my tonsils cut when I was a child.' Gentlemen, my medical friend had been married twenty years; although his wife is an unusually healthy-looking woman she has never had a baby."

It will scarcely do to pooh pooh the possibility of the connection hinted at. The sympathy between the parotid gland and the testicles, through which metastasis of the inflammation in mumps gives rise to orchitis is a familiar clinical fact. Is it possible that a similar sympathy exists between the tonsils and the testicles? Observation can only furnish the answer. Any facts bearing on the question would be in order.

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Gangliasthenia.

We have in our present issue permitted a transgression of our rule regarding long articles, in order to allow Dr. Wood an opportunity to lay before the profession views which he has long entertained, but which have not before been published. The length of Dr. Wood's article should not prevent its receiving a careful reading. Aside from the views it expresses its vigorous English makes it good reading. It, furthermore, very logically sustains the position which its author has taken—the data being admirably arranged to sustain the premises. The importance which affections of the nervous system has assumed of late years, and the nervous element which complicates (perhaps causes) many of the diseases of modern life which are usually held to pertain especially to other systems than the nervous, together with the obscurity and vagueness which envelope the general subject vest Dr. Wood's positive utterances with additional interest. Neurasthenia is a term by no means expressive of disturbances of the system of organic life so characteristic of the conditions to which Dr. Beard assigns it as a cause. Neurasthenia, to our mind, would be a term more applicable to a weakened condition of the nervous supply of the voluntary rather than the involuntary muscular system, and Dr. Wood's term "gangliasthenia" as implying a debility of the sympathetic nervous system, strikes us as being the more appropriate.

If Dr. Wood's theory of the causation of the diseases he enumerates prove correct, and bromide of ammonium exercises the influence he ascribes to it, he has contributed very materially to our therapeutical knowledge. Let us hope that the fate of his theory may not be that of his who argued that all diseases are due to malaria, quinine cures malaria, therefore quinine is a panacea.

Winter Cholera.

A correspondent writes to us for some information on the subject of "Winter Cholera,"-its cause, course and treatment. Our experience with the affection to which, we presume, the name is applied, is somewhat limited, although we understand it has prevailed quite extensively in some parts of our city during the past winter. We were disposed to regard it as a crapulent diarrhœa, undigested food being passed quite abundantly. The treatment based on this theory was quite successful. In crapulent diarrhœa there is primarily an exaggerated irritability of the intestines, causing them to be thrown into excessive peristaltic action by the contact of food. Opium was given rather to allay this irritability than to check the hypersecretion into the alimentary canal. Ordinarily in diarrhœa due to the presence of irritating ingesta such treatment would be contra-indicated, but in this variety the opium acts most promptly.

We should be pleased to receive the experience and views of any readers on the subject.

Miscellany.

An Important Invention.—W. L. A., a correspondent of the New York *Times*, gives an account in a recent number of that journal of a most astonishing piece of mechanical ingenuity which exhibits its inventor's scientific ability and attainments in a new light. He says: "It is well known that Mr. Edison has in his domain added vastly to our knowledge of the powers of electricity as an agent in the correlation of force. He has watched with amused interest the efforts made by the midgets of science to adapt his discoveries and apply them in various ways to the solution of medical problems. The idea took possession of his mind that the task properly belonged to himself, that he alone was capable of the effort. His thoughts, as they usually do, took shape, and his labors in this direction are nearly completed in what may be termed the crowning work of his life. It consists of an apparatus in which many of the instruments of precision employed by the physician in the diagnosis of disease are united into one, and are combined with his own inventions. By the application of this machine, for so it may be called, to the sick their disease is diagnosed with certainty, and prescribed for with accuracy. The name of this invention is The Compound Electro-chemical Anatomic Household Diagnostician and Prescriber.

The machine consists of an electric battery and a number of dials that are connected with the different attachments by communicating wires and having the telephone associated with the instrument of precision, where that device is necessary to convey the sound as a factor in the diagnosis. Each instrument constitutes an attachment that can be disconnected at will. For general diseases the design is that the whole equipment will be employed, while for local diseases only a part of the attachments are necessary. Mr. Edison was kind enough to explain the use and operation of his new machine: "You see," said he, "here are the stethoscope and percussion hammer having telephonic connection with this frame, in which we insert a paper on which is outlined the human form. These instruments set in motion by the battery traverse the surface of the body, and through them the various sounds are conveyed and recorded upon the paper by a tracer. The value and import of the signs derived from this record is transmitted to the diagnosis dial, and constitutes a factor in the ultimate outcome. In like manner the sphygmoraph applied to the pulse records and transmits the condition of the circulation. The temperature is given by the thermometer placed either in the mouth or axilla, and the effect is conveyed to the same dial, and enters into the final result. The sound introduced into the bladder returns, by means of a chemical bulb on its extremity, the qualitative and quantitative analysis of the urine. We also have attachments by means of which we employ the aspirator, the opthalmoscope, the laryngoscope, the speculum, the microscope, and other instruments of precision. The machine, however, is not complete, for I am at work on a camera attachment, which by means of a novel light will give an instantaneous photograph of the internal organs. The camera will be placed in front of an anal speculum introduced into that aperture. Within the camera there is a long sheet of paper on rollers, chemically prepared, to receive impressions. The light which is self-moving, and leaves a luminous trail behind—a sort of artificial comet on a small scale—will illuminate the parts. As soon as it is started in the speculum on its journey, the rollers in the camera will be turned, and thus we will get a pamoramic view of the intestinal tract with side views of the other internal organs. This is the most important part of the machine, and will be an invaluable aid to diagnosis."

"Now," continued Mr. Edison, "suppose that all the attachments are applied, and by connecting the battery the machine is set in motion. Then all the impressions from the different instruments are conveyed to this symetrical double hemisphere in the the centre of the diagnosis dial, and the hand of the dial will point with unerring precision to the disease on the margin. From the posterior part of the globe a wire runs to the prescription dial, which will cause the hand of this dial to turn with unvarying accuracy to the right number. Then, referring to this book of prescriptions, we find the formula which must be compounded for the patient."

"What," was asked, "did the double hemisphere contain?" Mr. Edison smiled a bland smile and replied. "I have experimented with elementary substances until I found a compound which answers to what may be termed mechanical brain. It is imperishable, and the element of doubt and hesitancy is eliminated from its operations."

"What will be the probable cost of the machine?"

Mr. Edison replied: "They can be sold for $50 and upwards. We have already begun an immense factory where we will be prepared in a short time to meet the universal demand. They will be sold on the installment plan. The beauty of these machines is the rapidity of their operation—the soonness of the result. The attachments can be applied in a minute, and in another minute the prescription is indicated. Of course we shall make different sizes."

In answer to a remark of your correspondent Mr. Edison said: "Yes, this is mechanical diagnosis, and is a very natural outcome of modern progress in medical science."

Your correspondent took his departure reflecting on this wonderful man and his wonderful invention. This is every man his own doctor with a vengeance; it will supercede the faculty almost entirely. The sheepskin factories may close their doors, and the doctors may burn their books or sell them to the junk dealers, and betake themselves to new methods of livelihood. This is the acme of scientific attainment. It is needless to add that the first completed machine was ordered to be sent to your correspondent's domicile.

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THE "NEWS", THE COUNTRY DOCTOR AND PERSISTENCY, WITH A CASE.—The language and sentiment of Dr. M. L. Catron in relation to the "MICH. MED. NEWS" and its fitness for a "country doctor" finds its echo in my "heart of hearts." I catch it up when it comes to me (which is about 2 P. M. after a hard drive while waiting for dinner) and gladly devour its contents at the same time having a smile for my wife and prattling babe; it gives me rest, relief, and knowledge all at once; it is a very welcome visitor. I have other journals more voluminous coming to me but when I take one of them up wife and child must stand aside; I must shut myself away from the outside world and dive deep often coming up befogged and bewildered.

How true it is that the "Country Doctor" must be a man of expedients, must succeed without the many things which the city bred M. D. can't get along without. This brings to my mind a case I was called upon to see two years ago:

A lad who was away from home on a hunting excursion, accidentally shot himself in the knee, the entire charge passing through the joint, the muzzle being but two inches from the knee. I did not see the lad until some hours after the accident, he being far from home and only a little brother with him to run and tell the shocking news. When I saw him he was too far gone to undergo an operation and I devoted my time towards keeping what little life there was left; the boy had a hard run of fever with septicæmia. After a few days I noticed a soft spot near the gluteal region; this I freely opened and out came about one-half dozen bird shot. I then injected carbolized water into the original wound and it made its exit at this opening. I then called in a leading surgeon from the adjoining town who upon looking at the case remarked that the leg ought to have been lopped off at the time. "Now the boy must die. You must use calendula and Lister's antiseptic dressing. I think the boy will die any way. I don't think it best to operate today; if you can bring him up into better condition we will operate." I kept on using nothing but warm water and carbolic acid for dressing, but I was very particular to get all of the pus out at each dressing, injecting water until it came out sweet as at went in. The case went on five or six months longer. I then called my friend in again. He uncovered the leg looked at the patient, and finding him in a condition justifying an operation, amputation was performed. In ten days the stump had nearly healed.

The secret of success in theis case was persistency and conservatism. What I lacked in new ideas I made up in faithfulness. Had I had all of the means at my command that my city brother has, ("instruments of precision," etc.), I might have relied upon them rather than on my untiring attention to the case, and lost my boy. Though the good the country doctor may do may be "interred with his bones" and he go down to his grave "unhonored and unknown," still he has his reward in the self-consciousness that he has not lived in vain.

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THE ALASKA INDIAN DOCTOR.—The Indian doctor is called *icht* in his own tongue, and *shaman* in the Russian. When a male child is born with a curl-lock of hair, it is a sign that he is to be a doctor. He is carefully fostered by his parents and friends. His hair is not cut nor combed, nor is he allowed to eat clams, crabs or any beach food. It is seldom that an infant is born with the desired curly lock. Years ago, the credulous were deceived by designing relatives, who would present the child with a curl made by hand. It is seldom that a boy with a genuine curl makes his appearance. There are others who aspire to the position and influence of doctor. When one dies, an Indian will go upon the roof and call for the yake or demon who dwelt in the body, which is now lying in state and surrounded by mourners. If he comes, he will be apt to enter into one of the young men who are standing around the corpse. He falls as if he were shot dead. This is a sign that the old doctor's demon has entered into the man. He is taken off to one part of the house and covered with a blanket. He pretends to be wholly unconscious. There is a tacit understanding between the man who calls the yake and the one into whom he is supposed to enter. Sometimes an Indian falls so violently as to injure his his head. This has its proper effect upon the bystanders. Others who have neither curly hair, nor are possessed, become doctors. Often a nephew, the doctor's sister's son, is the favored one. All candidates must endure the test. When the proper time arrives, the person who is to be initiated goes to the tomb of a doctor whom he chooses as a sort of patron. He is attended by two watches of relatives, four in each. The test is an absolute fast for eight days. He sleeps one or two nights in the dead-house, and the watchers are to see that he does not break his fast. He is allowed the use of tobacco. While he is fasting, he makes up his songs which he will sing when called upon to cure a sick person. His guard learn the same song, for they are to be his attendants in the future when he practises his rites.—*J. G. Brady, in The Herald and Presbyter.—New Remedies.*

Death of Dr. R. O. Cowling.—The telegraphic despatches of the 2nd inst. contained the mournful intelligence of the sudden death of Dr. R. O. Cowling, founder and editor of the *Louisville Medical News.* Dr. Cowling had been ailing about a week with an attack of rheumatism but was not regarded as at all in a dangerous condition until within an hour of his death. The immediate cause of the fatal termination has not yet reached us, the telegraphic message stating it somewhat vaguely as rheumatism of the heart.

Dr. Cowling was born near Georgetown, S. C., in 1839 and was consequently but 42 years of age. Few men of his age have become so generally and favorably known in the profession. He had qualities of head and heart which made him at once an able physician, a facile writer, and an agreeable companion. It was our fortune to spend an evening with Dr. Cowling several years ago and we have always cherished a remembrance of his companionship. Our slight acquaintance with him leads us to understand why it was that he was always referred to in the kindliest and most complimentary terms by those who knew him. Under his management the *Louisville News* achieved a wide reputation, especially for the ability, polish, and keenness of its editorials.

Dr Cowling was also Professor of the Principles and Practice of Surgery in the University of Louisville, and both through his writings on surgical topics and as a clinician in his specialty, he was well and favorable known. He was one of the men whose death creates a real vacancy.

The Birth-Rate and the Divorce-Rate.—*American Practitioner:* The Rev.—Nutting, of Massachusetts, has been telling in a recent lecture how like angels' visits have become the youthful yankees. He says:

During the past twenty-five years the birth-rate has decreased about as fast as the divorce-rate has increased, and where the birth-rate is lowest—which is where yankees are most aboundant–the divorce-rate is highest. There is a close connection between a low birth-rate and a high divorce-rate, the relation between the two being that of cause and effect. In the history of nations there never has but three times occurred such a breaking up of the family as is now taking place among people of New England blood. When the Greek and Roman empires were about to fall, and during the French Revolution of the last century twenty thousand divorces were obtained in France in one and a half years. Bad as this is, when the population is compared, it is not equal to what is true of Rhode Island and Connecticut of late years.

"*The Pathologist*" is the name of a new journal which has been started in Brooklyn, N. Y. Its 1st and 2nd nos. have been received. The name indicates the scope of the publication, but either modesty, timidity, a sense of inferiority or an aping of the English has prevented its editor from letting his name be known. Modesty and timidity are not objectionable qualities of heart or head, although they interfere with success in these times, but the copying of another's peculiarities is always to be deprecated. It cannot be that a sense of inferiority is the cause of the editor's remaining *incog.*, for the journal is first class, and reveals a pen with which we are familiar through the *Annals of Anatomy and Surgery.* The following is given in its salutatory as its *raison d' être*: "Brooklyn has been picking beans out of the ashes for many years, but the work is about finished. The laughter of her derisive stepsister does not peal as merrily across the river as in the olden time. Brooklyn doctors are growing self-reliant and independent. They are learning to trust themselves and to trust each other. * * * * New York laughed at us when we chose to be ridiculous; she patronized us because we played an obsequious *rôle.*" These be words which commend themselves to others than the Brooklynites.

Openings for Physicians. I have a fine house, barn and three lots worth $4000, for which I will take $3000, and a practice worth from $3000 to $4000 a year which I wish to dispose of, owing to failing health. The property is in a town of 700 inhabitants on the M. C. R. R. and surrounded by a splendid farming country, address "Doctor" care Mich. Med. News.

A physician having a well established paying practice in a thriving village of 1600 inhabitants surrounded by a good farming country, wishes to go West. He has a house and lot with a good barn worth $2000. He will introduce the purchaser as his successor and remain a limited time with him. Address "D" care Mich. Med. News.

Vaccination Jokes: [The Board of Guardians have been discussing, with more or less difference of opinion, the question of vaccinating adult paupers.]

1st. Guardian: "What right has a tyrant majority to persecute a miserable minority with the poison of vaccination?"

2nd Guardian: "And what right has a miserable minority to propagate disease against the reason of unprotected millions?"

The Miserable Minority: "Look here, gents, you needn't quarrel. The fine's sixpence, ain't it? Give a bloke the sixpence, and waccinate away."

"*The Microscope*" is the name of a new illustrated bi-monthly journal, the first number of which has been laid on our table. It is edited and published by Chas. H. Stowell, M. D., Assistant Professor of Physiology and Histology, and Louisa Reed Stowell, M. S., Assistant in Microscopical Botany, University of Michigan. It is to be devoted to microscopy and the relations of the microscope to medicine and pharmacy. We think there is an opening for such a periodical, and if there is, the *Microscope* will be a success, for that Dr. and Mrs. Stowell have in them the elements necessary to successful journalism in this specialty, is clearly apparent even in the initial number. The number contains 32 pp., and is printed on heavy paper. It is a model of mechanical execution, and is from the press of Mr. Geo. S. Davis, Medical Publisher, Detroit. We wish it success, and welcome it to our exchange list.

Physician and Surgeon: "It may be remarked that the greatest injury being done to-day to reform in medical education is wrought by those institutions which advertise the highest requirements and admit every student that applies. In other words, those colleges that sail under false colors. There are such nstitutions in this land. Some are homœopathic, others are not." Doubtless this is true, but if the *Physician and Surgeon* be a true reformer it will give names so that those who thus sail under false colors may be known to the public. Insinuations are not strictly the proper thing.

This is the way an Ypsilanti, Mich., correspondent of the *Medical Brief* accounts for the efficacy of sweet oil in the treatment of gallstones: "The oil will find its way into the ductus communis and reach the enemy in their castle, to wit, the gall bladder. Every calculi will be lubricated and slide out of the fount and through the intestines." It is difficult to determine which merits the greatest admiration, the doctor's English or his physiology. We commend the explanation to the attention of the *Country Practitioner*.

The Bernhardt craze was not confined to the ‘οι πολλοι; even the grave and reverend seigneurs, the medical journals, were infected. The *Medical Record* went into ecstacies (?) over her histrionic deaths; the *Canadian Journal of Medical Sciences* calls her the "divine Sarah," and in admiration of her attenuated form quotes from the Chicago *Medical Journal and Examiner* which says that the principal interest in a medical point of view was the fact that "she was so thin that when she took a pill she looked as if she was pregnant."

This is the kind of a champion to have: The parish priest of Sendomi, in the diocese of Lerida, Spain, has declared that the last absolution, extreme unction, and Christian burial will be refused to any parishioner who allows himself or whose kindred allow him to be treated by any but duly qualified medical practitioners. All who are treated homœopathically will be deprived of the rites of the Roman Catholic Church, and be treated as Moors or Jews.

The following is given as an illustration of the beauty of the law of compensation: A comparative analysis of the statistical tables of suicides, for France and Sweden, has, in the opinion of M. Bertillon, established the following laws: (1) Widowers commit suicide more frequently than married men. (2) The existence and presence of children in the houses diminishes the inclination to suicide in men and women.

Mr. Paul Plessner, of this city, a gentleman well and favorably known to the profession of this State as a chemist and a graduate in pharmacy, has entered the employ of the Trommer Extract of Malt Co., and will represent them on the road. We bespeak for Mr. P. a courteous reception by such of our readers as he may call on; he merits it both on his own account, and because of the standing of the firm he represents.

A correspondent writes us of a Rochester female physician who recently reported a death from "information of the bowels." The treatment of the case consisted of the administration of compound cathartic pills. It thus seems that the registered males under the New York Medical Act, are not to have a monopoly of the ignorance which this act cloaks.

It is said that the cough of phthisis is easily and quickly relieved by hypodermic injections of water with a few drops of cherry-laurel water added. The injections must be made in the infra-clavicular region. Let some one try it and report to the NEWS his success.

M. Jules Ferry has taken the wise and kind initiative of creating a library for patients in every hospital in Paris. It is intended that the system shall be extended to the whole of France.

Dr. Theophilus Parvin defines midwifery as the "science of human reproduction." Either our ideas of reproduction are at fault, or midwifery has taken on new functions not previously reported.

College and Clinical Record: A Mississippi man with an ingrowing nail chopped his toe off. This remedy never fails. For sale at all hardware stores.

Teacher: "Why did Moses' mother hide him among the reeds?" Pupil: Because she didn't want to have him vaccinated."

"Good heavens, gentlemen, a little less science—a little more art."—*Trousseau.*

Book Notices.

Practical and Analytical Chemistry. An Elementary Treatise especially adapted for Colleges and Schools and for beginners. By Frank Clowes, M. D., Sc., London. Philadelphia: Henry C. Lea's Sons & Co.

This is a work of some 350 pages, printed on fine paper, the type and illustrations being clear and distinct. Its scope is varied and comprehensive, embracing nearly everything necessary in elementary analytical inorganic chemistry for the ordinary scholar or medical student. The language is simple, the aim of the author evidently being to avoid as much as possible technical chemical terms and phrases; in our opinion a questionable advantage. A student with a mind sufficiently informed to grasp the chemical technicalities contained in the work would surely smile at difficulties of nomenclature incident to the proper development of the study.

The system as a guide to practical work is commendable, and shows considerable originality, the "group tables" being especially designed in making intelligent the information contained in the body of the work.

The arrangement of the tables and classification of the various subjects treated, are, perhaps, a little more complicated and difficult of isolation than some we have seen, but the subjects treated, the conciseness; and systematic manner in which the information is conveyed entitles it to the consideration of every impartial student.

The work is divided into seven sections:

Section I treats of the preparation and properties of gases; distillation of water and illustration of appparatus.

Section II gives preparation and use of apparatus required in analysis.

Section III illustrates by experiment many analytical operations and gives valuable hints as to manipulation of apparatus.

Section IV treats of analytical reactions, classification, chemical notation, equations, etc.

Section V contains examination for simple substances, and acid radical with much general information for junior students.

Section VI. Analytical course for advanced students.

Section VII. Information regarding the apparatus and chemicals required for a complete course, with directions for preparing reagents and solutions, their strength, etc.

The simplicity of the work and its completeness as to detail render it valuable as a reference, and well worthy a place in the library of every student.

Drugs that Enslave. The Opium, Morphine, Chloral and Hashisch Habits. By H. H. Kane, M. D., New York City. Price, $1.50.
Philadelphia: Presley Blakiston, 1012 Walnut St.

"The idea of writing this little work was first suggested to me by the numerous letters received from physicians at home and abroad, asking for information on various points connected with the symtomatology, prognosis and treatment of the various 'habits.' While manifesting an earnest desire to become acquainted with the main features of the condition in question, many presented a lamentable ignorance of the simple facts relating to them.

These facts I have endeavored to present in as comprehensive, yet concise, a form as possible. But little space has been devoted to the study of the hashisch habit, owing to its rarity in this country.

The statements as to the dangers and peculiarities of these conditions, aside from what I have myself observed, are based upon the literature of the subject, and the letters of nearly a thousand correspondents in various parts of the world, to whom I take this occasion for returning my hearty thanks." —*Author's Preface.*

We had occasion to commend the manner of the preparation of this little book in our notice of Dr. Kane's book on the opium habit issued about a year ago—that of collecting the experiences of the profession and drawing deductions therefrom. The plan involves much labor and no inconsiderable expense, but it results in a book, as in that now before us, which is a reliable guide.

A Guide to the Clinical Examination of Patients and the Diagnosis of Disease. By Richard Hagen, M. D., Privat docent to the University of Leipsic. Translated from the second revised and enlarged edition by Dr. G. E. Gramm.
New York: Boericke & Tafel, 145 Grand St.

This little book, 12mo., 200 pp. is an epitome of more extensive works on this important and essential division of medicine. It was intended, primarily, "for the perusal of students before attending clinics, in order to obtain an idea of their conduct at the bedside and the manipulations, *secundem artem*, required these." It is well for the practitioner to review his student labors occasionally, as in his busy life he is prone to forget valuable points. The book before us will prove a very valuable reminder of points which he cannot forget but to the detriment of his patient. It is concise and readable. The chapter on urinalysis and the signification of urinary abnormalities is especially full.

The Hygiene and Treatment of Catarrh. In two parts. Part I, Hygienic and Sanative Measures. Part II. Therapeutic Measures. With forty illustrations. By Thos. F. Rumbold, M. D.
St. Louis: Geo. O. Rumbold & Co.

The first part of this book was issued in a separate volume some time since, and was noticed in these columns. The second part is devoted to a consideration of the instruments necessary to the treatment of catarrhal affections of the upper portions of the air passages, methods of their application, medication, etc. The success of the different methods of treatment is illustrated by cases selected from the author's practice. Dr. Rumbold's years of experience and the success which he reports as following his methods make this book a valuable acquisition to the literature of the subject discussed.

We find that Dr. Rumbold recommends amputation of the tonsils, but that he mentions no effect which the removal has on the virility of the individual.

THE HEART AND ITS FUNCTION. A Health Primer. Price, 40 cents.
New Pork: D. Appleton & Co.

Although this little book is intended for the lay reader we question whether an hour could be better devoted by the physician than that spent in the reading of its contents. It contains many practical suggestions, especially in reference to the causes which act as disturbers of the heart's normal action. As a guide to the avoidance of causes liable to result in cardiac complications it is very valuable.

Original Articles.

Gangliasthenia.

BY E. HALSEY WOOD, A. M. M. D., HERSEY, MICH.

"Call it neurasthenia, doctor."

"No, sir! I must stick to my convictions. You think the profession does not understand the third chapter of your book. I do, however. and know that you are wrong. The condition is not literally neurasthenia but gangliasthenia, and if you look a little deeper you will find it to be so."

"Oh, well! Come now stick to neurasthenia, it is a very good name."

"Yes, good enough but not correct. Good-bye!"

The foregoing is a scrap of conversation that I had with one of New York's eminent neurologists (he had been looking over some of my manuscript), who had discovered "neurasthenia" and was desirous of perpetuating it and his own name in connection therewith. No one could understand his third chapter, of course, because he did not understand it himself. I propose to elucidate the subject in a few words and make it plain for him especially, and for the profession in general.

Gangliasthenia means loss or diminution of ganglionic nerve power. The term does not denote the condition of the ganglia, but expresses the fact that they do not generate a normal amount of nerve force. It seems impossible with our limited power of language to formulate a term which will in any manner convey an idea of the condition of the nerves themselves when their capability of generating force is exhausted. We can say the nerves are exhausted, are debilitated, are worn out: that their power is depreciated, diminished, lost, and the words give but a feeble intimation of the actual changes that have taken place in the nerve tissue. The estimation of the precise condition of the ganglia must therefore be left to the imagination, for they never, in palpable presence, are brought to the cognizance of our senses. All disturbance of their operation is manifested by derangement of the functions which they control. The disorder of function is expressed by signs which come under observation as symptoms of disease and which rightly interpreted are the only means by which we can determine the character of the abnormal condition. In this way only can our minds take cognizance of the state of the ganglia whence the disorder emanates: and the precise alterations of structure or tissue which they undergo must be left to the imagination.

What's that? You object to the employment of the imagination in the elucidation of questions of medical science. You are an ass.* You object, you who read and believe such works of purest fiction as are found in every physician's library—books full of conjecture, errors and lies. Here is your answer: "Nature's riddles must always be solved by an effort of the imagination. There are Yorics even in science who regard imagination as a faculty to be feared and avoided rather than employed. Those are they who having observed its action in weak vessels are unduly impressed by its disasters. They might with equal justice point to an exploded boiler as an argument against the use of steam. Bounded by coöperant reason imagination becomes the mightiest instrument of the physical discoverer; without this power our knowledge of nature would be a mere tabulation of sequences." (Tyndall.)

That is, without this power the science of medicine would consist of mortality tables and death rates. But since there is a vast literature of the subject aside from these uninteresting statistics it must be conceded that medical writers have generally employed the imaginative faculty. Why every hypothesis that has ever been stated, every theory that has ever been formulated in the annals of medicine, is due to an effort of the imagination. If these have not proved to be true it was because their authors did not imagine right. Their flights of fancy were not high enough, because the Pegasus they bestrode was a sleepy, plodding beast whose wings were clipped by "coöperant reason."

Yet while leaving the precise state of the ganglia to be imagined it is almost susceptible of demonstration that the condition to which all disturbances of the organic functions are due is the condition denoted by the term gangliasthenia. Regarding the ganglionic tract as an entirety and as distinct in its sphere from the cerebro-spinal division of the nervous system, we find that by its innervation the organic functions are performed. That is, circulation, sanguification, calorification, nutrition and sleep, are affected by the ganglionic nerve force. Other processes enter into and are conjoined with these but those enumerated can be accounted the grand outcome of organic life. Being effected by ganglionic innervation if they are deranged it must follow that ganglionic innervation has been disturbed. These functions are links in a chain. If the first upon which all depend becomes weakened the rest fail of healthy performance. If innervation is diminished the blood does not move in its accustomed channels with its normal celerity, *i. e.*, passive congestion ensues; the blood-making processes are retarded thereby, hence innutrition and lack of animal heat and hence also frightful dreams phantasmagoria and the horrors of insomnia. This is my hypothesis, my theory; I imagine that passive congestion of all kinds is due to gangliasthenia.

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* This is addressed to a young medical friend who has interjected a remark.

How does this agree with previous imaginings? Let us inquire. Passive congestion of the blood exists as a pathological condition in cholera, typhus fever and yellow fever. Now, Your Eminences, attend: To what do you imagine the passive congestion of those diseases is due. Their Eminences reply in grand chorus: To poison in the blood! Have you ever seen it? Oh, no! but by analogy—— That will do.

Blind leaders of the blind ye have looked no further than the ends of your noses.

> "Ye are blind as never bat was blind,
> With a burning, bloodshot blindness of the mind,
> A swimming, swollen senselessness of soul."

The Blood! THE BLOOD!! THE BLOOD!!! ye cry and ever and again reiterate it. There is a poison in the blood, ye say. Ye have sought it long with all the appliances of art and have not found it or ever will. There is no poison. The blood is poisoned nevertheless. A paradox? No. The nerve force derived from the ganglia permeates the blood and influences its every corpuscle and impels them so that each seems to move as if endowed with volition. If this nerve force is diminished or if it entirely ceases, the blood no longer pervaded by this life giving principle is poisoned thereby. It is also poisoned by the morbid products introduced into it by the perverted processes which, when naturally effected, contribute to its sustentation and renewal. The source of the poison is from within and not from without. The blood thus poisoned by the cessation of ganglionic nerve force remains placid after death in all forms of passive congestion, thus bearing silent testimony to the fact that the *vis vitæ* of the ganglia had ceased prior to death.

In some forms of passive congestion the blood corpuscles no longer moving as if endowed with volition (impelled by nerve force) lodge at the intersection of the minute vessels, like logs in the current of a river. Lying thus in piles some of these discs become swollen by endosmose of serum and burst, and their fragmentary remains are carried again into the current of the blood.

In another form of congestion the corpuscles pass into and through the capillary walls, remaining sometimes half within and half without the wall of the vessel, and having their shape distorted thereby.

Now comes the microscopist who is an ally of those other fellows and he looks at the fragmentary corpuscles, and he says that their damaged condition is evidently due to a specific poison in the blood. He examines in like manner the other, which have been distorted and crowded out of shape by being forced through a hole whose calibre is smaller than their diameter, and he says that their constricted appearance is evidently due to "malaria," whatever that may be. He brings the chemist to his aid and together they seek these poisons and they are hunting for them yet. What the microscopist says is, however, not evidence, for he has a poor imagination and has imagined he has found just what the other fellows imagined he would.

Passive congestion is then due to gangliasthenia, and I here lay it down as a principle of medicine to be hereafter incorporated in the record of science: That whenever idiopathic passive congestion is present it is due to gangliasthenia, and the intensity of the congestion will be the measure of the degree of ganglionic exhaustion. I present this as an axiom.

The kinds of passive congestion correspond with the manner in which the ganglia or any portion of them are affected by depression. It is supposed that every ganglion possesses all the elements of a nervous centre and each in its own sphere is capable of receiving, transmitting and reflecting impressions on which the healthy performance of function depend. The phenomena of the blushing of shame and the pallor of guilt or fear are cited as exemplifications of these actions of the ganglia. These nerves are regarded by psychologists as being the seat of the emotions, and as emotions are involuntary it would seem as though they were properly located. In whatever way however they may be exhibited or through the operation of what organs they are invariably depressing in their effects. The instances of blushing and pallor are illustrations of this fact. The apathy—absence of all emotion—which is such a prominent feature of the acute congestive diseases denotes the profound depression under which the ganglia are laboring. The depression which produces blushing is temporary and causes an evanescent congestion of the arterioles: Likewise the depression that causes pallor is momentary and the congestion which is the result occurs in venules. It would appear from this that the nervous apparatus which controlled the circulation of blood in the arteries was distinct from that which acted upon the veins; that the veins and arteries were governed by separate nerves which might accordingly be termed arterio-motors and veno-motors, and that these are capable of being affected separately and in a manner corresponding to the nature of the depressing agency. In one kind of passive congestion we find that the face is suffused and of a dusky red. It may be said to exhibit the phenomena of a permanent blush in which the arterioles are congested and the arterio-motors are depressed. In the other kind of passive congestion the countenance presents a permanent pallor (often mistakenly called anæmia), due to congestion of the venules or the result of veno-motor depression. In effect we find that the distinction as to two separate sets of nerves marks a division of the congestive diseases into two classes, the one of which is usually accompanied by hypothermy and the other by hyperthermy, and these departures from a normal temperature will distinguish the kinds of passive congestion of each clas as the hypothermic and the hyperthermic. In the one the congestion is in the venules and in the other in the arterioles, and the form of ganglionic depression to which each is due may be described as veno-motor or arterio-motor gangliasthenia. The imagination can depict a state of the nerves in which the whole of the veno-motors would be paralyzed and the arterio-motors not be affected. In such case the blood would not flow in the veins and they would become engorged throughout their whole extent from their peripheral commencement to their central termination in the lungs, while the arterial portion of the vascular apparatus and the capillaries could be empty. The blood would be impelled and permeated by nerve force until it emerged from the capillaries, but as soon as it reached the veins it would be entirely cut off from such influence. The picture can be reversed and an opposite state of affairs can be imagined in which the arterio-motors are affected by paralysis and the impulse of the heart would be the sole force to impel the blood through the arteries.

These two kinds of congestion are manifested by symptoms characteristic of and corresponding to the manner and form of the gangliasthenia upon which each depends. A most prominent symptom of each being a departure from the standard of the temperature of health, this feature can be used to arrange or classify the diseases as the hypothermics and the hyperthermics according as the divergence of bodily heat is below or above the normal degree.

The abnormal degree of temperature will in some measure furnish a means of estimating the intensity of the passive congestion. The hypothermy of the kind of passive congestion due to veno-motor gangliasthenia in its severest expressions, denotes a fall of 8° below the normal standard, and this indicates the greatest intensity of this form of congestion. The hyperthermy of the kind of passive congestion due to arterio-motor gangliasthenia in its severest expression denotes a rise of 10° above the normal standard which indicates the greatest intensity of this form of congestion. Between these two extremes of 8° below and 10° above the normal standard as measured by the thermometer, there occur many slight disturbances of calorification that are unobserved. When the extreme either way is reached the thermometer is used to measure the change of temperature. This instrument, however, furnishes no aid in judging of the slight variations of bodily heat; the observer's sense of caloric is the only standard that can be relied on to estimate them with any degree of accuracy.

In complete health the body is free from pain; sleep is sound, prolonged and refreshing; appetite is good; circulation is normal; the eye has a shining pearly lustre; the countenance is cheerful and bright, and animal heat is engendered and distributed equally throughout the whole system. This grand result is accomplished by the maintenance of perfect equilibrium correlation and co-sthenicity between the two great divisions of the nervous system, the ganglionic and cerebro-spinal. Any, the slightest, deviation from complete health that may be due to depression of the ganglia by which the equilibrium between the divisions of the nervous system is disturbed, is evidence that the normal performance of function is dissolved. These evidences rightly interpreted are the symptoms of deranged function, but when appearing in uniform aggregation a set of them are recognized as constituting a particular disease they become symptoms of the disease. The symptoms rightly interpreted are the signs of the underlying condition to which the derangement of function is due. Our knowledge of the nature of disease will depend then upon the right interpretation of signs or the power of our imaginations. The trouble in our semeiology has arisen heretofore not from lack of discernment or deficiency of observation but from error of explanation or poverty of imagination.

To illustrate this we have but to call up our class of Eminences and interrogate them. Here is Master Aiken who has various initials affixed to his name and has written a work in two volumes, designed to instruct the British medical mind. He is evidently one of the "hyas tyhees" of medicine.

Now, sir; to what do you imagine the choleraic cramps are due? Master Aiken says: I imagine it may be assumed that they are caused by the choleraic poison just as we know they are produced by strychnia.

Well, what do you imagine is the cause of the atonic voice of that disease?

Master Aiken replies: I imagine it is due to the small volume of tidal air in the respiratory current —the vocal pipe feebly blown through refuses to speak. This is decidedly picturesque. "Volume of tidal air" is good but is a failure, either as sense or science.

How do you account for the atonic voice of the condemned or the *vox hæsit faucibus* of the terror-stricken?

I don't know, says Master Aiken.

Where do you imagine the pains which occur in some diseases in the cervical, dorsal and lumbar regions of the spine are located?

Master Aiken states that they are located in the spinal cord, and continues by stating that the pains in the bones really mean pains in the course of the spinal nerves.

How do you account for the fact that no lesion of the cord has ever been discovered after death in the bodies of those who suffered from these spinal pains?

Ah! says Master Aiken, I don't account for it. A doctor is nothing if not dogmatic.

Job hit these fellows:—But ye are forgers of lies, ye are all physicians of no value. xlii. 4.

Master Aiken is undoubtedly a very erudite* gentleman but he has a poor imagination.

The signs of gangliasthenia and the symptoms of passive congestion are interchangeable for they are the same. The signs of this condition are subjective and objective, local and reflected, or direct and indirect. They are uniform in their manifestation and their signification never changes. Disease is said to be protean in its shape but the signs of this condition are unvarying in character and their meaning is invariably the same.

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* Erudite (obsolete), stupid, asinine. Webster's Dict. 1881.

Gangliasthenia is mild or severe, and the signs correspond with its mildness or severity. The mild condition is most frequently the prodromic stage of some disease, *i. e.*, it becomes intensified and developes into the severe form under the continued operation of the causes which have produced it—the limits between the two being a mere line of demarcation which cannot be defined, so intimately are they blended together; or the mild condition may remain in *statu quo* and become chronic; or the mildly gangliasthenic person may seek a physician and a simple remedy prescribed may sometimes effect a cure.

The diseases due to this condition are not sudden in their onset. Careful examination will always disclose the fact that previously there have been feelings of lassitude and disinclination to exertion, physical or mental, depressed spirits and headache, disagreeable dreams and drowsiness in the day time.

Take as an instance the case of Mercedes, Queen of Spain, as it is detailed by a non-professional observer: "We had all noticed and lamented the change which took place in the Queen a month or two ago; we saw that the bright color of her cheek had faded, that her soft dark eyes grew larger and a little languid: we all thought that the sea-baths prescribed by her physician with the change of air and scene would probably prove efficient, and that her indisposition would at most be but of a few days' duration. Still the last time she drove out with the King—just three weeks ago—she looked much worse than usual. She wore a large white grenadine shawl closely drawn about her shoulders as though she felt chilly, although the day was warm; a lace handkerchief was tied about her throat and a pretty little chip hat was drawn down over her eyes as if to shade them from the light, while she held a white parasol over her head, notwithstanding it was near sundown. There was an utter weariness and listlessness in her general aspect in complete contrast with the cheerful countenance of the King. The poor child was even then stricken with death, though she little suspected it."

How graphic! How observing! What a physician that man would have made! Here are the signs of mild gangliasthenia, the prodromic stage of typhus (gastric fever with intestinal hemorrhage, the physicians called it), pallor, listlessness, languor, weariness, a sense of chilliness, asthenopia. The rest are deducible from the appearance of the patient as she is sketched;—anorexia, insomnia, frightful dreams, frontal headache, exophthalmos and cool extremities with others of minor importance. These are enough. Typhus! The Dons did not understand the case. It makes no difference; palace or hovel, it is all the same. They do not understand.

The signs of gangliasthenia increase in violence as the condition becomes intensified. The local signs expressed by congestion of the stomach illustrate the differing degrees of intensity in such a way that we can compare them thus: positive anorexia; comparative nausea; superlative vomiting and most superlative retching. In like manner the indirect signs reflected from the small intestines to the calf of the leg may be compared thus: positive weakness; comparative pain; and superlative cramps. Other signs do not change their method of manifestation in so marked a degree. A pain remains a pain but changes from slight to severe.

Correct observation only is needed to ascertain the source whence the signs emanate; and this established diagnosis becomes as easy as reading, for these signs are the alphabet of disease. Here is the alphabet:

Frontal headache is reflected from the congested stomach.

Suffusion of eyes, lachrymation, is due to congestion of the lachrymal gland.

Asthenopia, blurred or disordered vision, is due to congestion of the retina.

Soreness in the lids due to congestion of the palpebral conjunctival membrane.

Ptosis or convulsive closure of eyelids; this is purely a sign of gangliasthenia. Ganglionic fibres unite with the nerves which supply the levatores palpebrarum. When tears are shed, as the expression of emotion, the lids are partly closed by the action of the sympathetic portion of the nerves which supply this muscle. When "crocodile" tears are poured out the lids never quiver, never droop, because the sympathies are not touched. This sign finds its intensest expression in cholera.

Sense of swollenness or bulging in the eyes, exophthalmos; this is gangliasthenia also and is due to contraction of the orbito-ocular muscle posterior to the globe and causing it to protrude.

Wavering dilatation—gangliasthenic. (The ophthalmologists may explain this.)

Injected, congested, conjunctivæ: This state of the membrane exhibits the condition of the arterioles throughout the whole system.

Icteroid conjunctivæ: This state of the conjunctivæ shows how every tissue is pervaded by the pigmentary matters of the bile. Icterus is due to gangliasthenia.

Excessive sweating is of little value as a symptom of disease, and its import is not understood. It is sufficient to say that it is due in the congestive diseases to the general ganglionic condition.

Sleeplessness. Sleep is an involuntary function, and when not well performed denotes ganglionic debility. The disagreeable dreams of the sleeping hours are due to the same cause. So also are the phantasmagoria of the waking hours of disease when processions of men, women and beasts each looking and leering at and mocking the sufferings of a patient pass before his disordered vision in endless array. Nightmare is another manifestation of disturbed sleep.

Anorexia, nausea, vomiting and retching are due to differing degrees of congestion of the stomach.

Coldness of the extremities, as evidence of deficient animal heat, is a sign of gangliasthenia.

Stiffness, numbness and swollenness of hands are due to their congestion.

Sweating of hands. The "washer-woman's" hand is an objective symptom of cholera, typhus and yellow fever. As the pathological condition to which the symptom is due is the same in each disease it denotes their nosological relationship. The palm of the gangliasthenic exudes a greasy sweat. Sweating hands often occur as an idiopathic affection, which bothers the doctors, for they find it difficult to treat a single symptom.

Discoloration under nails. The nails do not change color but the vessels beneath them do, according as they are surcharged with venous or arterial blood. The circulation throughout the system is exactly such as it appears under the nails. These are the little windows through which we can look at it. In arterio-motor gangliasthenia the color is purple, and in the veno-motor it is blue.

Congestion of hands. Pressure on the purple and engorged surface of the hands leaves a white spot of exsanguine integument to which the languid current returns slowly. In health the blood returns with a flash when pressure is removed.

Pain in the nape of the neck running up into or radiating to the occiput, is reflected from the congested lungs.

Pain between scapulæ is reflected on splanchnics from congested stomach.

Pain at upper lumbar vertebræ is reflected from congested kidneys.

Pain at sacro-spinal junction is reflected from congested rectum.

Pain in shoulders from congested liver.

Pain in elbows and knees is reflected from congested colon.

Pain in the bones is due to congestion of their medulla.

There are many other pains whose character can be made out by the symptoms which accompany them. If their origin is ganglionic some signs of gangliasthenia will be present.

Weariness (muscular debility), pain and cramps in the calves of the legs, are reflected from the congested small intestine.

Œdema of the feet and ankles is an expression of the general condition. The hands would become œdematous too, if they were as distant from the centre of circulation.

Hemorrhages due to congestion, occur as the secondary consequences of arterio-motor gangliasthenia. They are either diseases or symptoms. When it occurs idiopathically a hemorrhage is a distinct disease as hæmoptysis, hæmatemesis, metrorhagia, and the like. But when occurring as an inter-current affection hemorrhage is regarded as a symptom; as the black vomit of yellow fever and the like, the intestinal hemorrhage of typhus or scurvy, and the catamenial excesses, properly metrorhagia, of the congestive diseases. In typhus when intestinal hemorrhage occurs it is erroneously ascribed to ulceration; the common expression is, "an ulcer has burst" in the bowels. In the veno-motor gangliasthenia of cholera the discharges from the bowels consist mainly of serum, but when reaction takes place the ganglionic condition changes to the form of arterio-motor depression, and hemorrhage from the bowel ensues. This change from one condition to the other shows that these conditions are inter-convertible and very closely allied.

Despondency, irascibility, lassitude, languor, listlessness, hot flushes and cold chills are all expressions of mild gangliasthenia.

The atonic voce is due to the same condition.

Drowsiness in the daytime occurs because there is insomnia in the night.

Tinnitus aurium, a humming in the ears, is due to congestion of the labyrinth.

The sense of constriction around the chest is due to congestion of the diaphragm.

Sense of chilliness. This is a most important sign and is generally present in incipient gangliasthenia. It denotes the beginning of passive congestion The feeling is experienced on the warmest days and is excited by the gentlest zephyr. It is of most valuable import and its existence should be ascertained by direct query in all cases.

Diarrhœa is both a symptom and a disease; as the former it is a direct sign of gangliasthenia and is due to congestion of the small intestine.

The foregoing are the chief signs of gangliasthenia. There are many others of minor importance enumerated by authors.* They are invariable and without shadow of turning. The true interpretation now here first correctly presented to the profession gives the more important symptoms of the ganglionic diseases. They are very meagrely explained, to be sure, but sufficiently so for the quick apprehension of the more acute minds in the rank and file of the medical profession.

The results of gangliasthenia are immediate and remote. The immediate consequence is passive congestion, and the remote effects of gangliasthenia are the immediate results of passive congestion. These are principally changes in the character of the blood, and of changes in the relation of the blood to the vessels—hemorrhages. Alterations in the character of the blood take place slowly or rapidly, according to the kind and form of gangliasthenia. Hemorrhages occurring either inter-currently or idiopathically in the ganglionic diseases are the remote consequences of arterio-motor gangliasthenia. Permanent changes of the tissue or structure of the ganglia caused by disintegration, softening or other morbid process may be termed the resultant effects of gangliasthenia.

The causes of this condition are to be sought in all the circumstances which affect the individual. All depressing agencies coöperate to produce it

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* Vide Dr. G. M. Beard's book on Neur(gangli)asthenia.

These exist in the varying conditions of the atmosphere in general, and in the particular part of it which each person breathes as regards its purity, warmth, coldness, dryness, moisture, electricity and motion. They are to be found in the social relations which man sustains to his fellows: in the circumstances of his life as regards his food, clothing, labor, and sleeping arrangements; in short in everything that effects his corporal existence from within or without. There is no specific cause.

The assumption of the nosological shape of any disease due to gangliasthenia is determined by the environment of the individual. Environments differ and hence diseases assume diverse shapes, and hence environment is the cause of ganglionic disease.

The treatment of gangliasthenia should always be directed to the mild form; thus disease will be prevented. *Obsta principiis* is a principle seldom put in force. The doctrine that diseases cannot be aborted is of the old—ancient and fishy.

The signs of gangliasthenia and the symptoms of passive congestion are the same. Oddly enough, by a seemingly strange coincidence these signs and symptoms are the indications for the use of the bromide of ammonium. The treatment of gangliasthenia will consist then mainly in the administration of the bromide according to the rules governing its use,* and it will be found to be in the highest sense a "specific" remedy for the condition.

This is a discovery which I proffer as my contribution to the advancement of medicine. The boss quacks, in the profession, will decry it as they always have done every discovery, and it will depend on the members of the rank and file to lift it to its rightful place in the annals of our science. To them I commend it and ask their coöperation in the herculean task of combating the blind errror of ancient dogmas. As each one of these perishes, for they must all perish under our united efforts, we will bury it so deep that its ghost will never disturb our belief in the articles of the new creed.

Join hands, then, brothers; let us dance around the grave of "Specific Poison," and let us prepare a deep, deep pit for "Malaria" which must soon follow. These disposed of we can turn our attention to the solution of the other unsolved problems of medicine and to the formulation of a new and rational pathology.

But this perhaps is premature.

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Acute Articular Rheumatism Followed by Chorea.

BY W. A. DICKEY, M. D., NORTH BALTIMORE, O.

Was called January 7th to see Laura P., a well nourished, robust girl of twelve summers, born of healthy parents. On the day spoken of her father had noticed something abnormal in the action of her heart. The impulse communicated to the chest walls could be distinctly seen at a distance of eight r ten feet. She was suffering no pain, nor was the emperature elevated above the normal. Pulse about 130 full and strong. Physical examination of the chest revealed neither enlargement nor displacement of the heart, but a distinct aortic bruit. I could find no history of rheumatism, nor any kindred disease; in fact the investigation yielded negative results. I prescribed veratrum viride and left. On the following day her father met me and remarked that his daughter evidently had rheumatism and that I should visit her. I found her suffering a good deal of pain; ankle and knee joints of right limb red, swollen and hot. Temperature 102¼°, pulse still greatly accelerated but not as much as on preceding day; slight fur on tongue, bowels regular, but urine somewhat scanty and high colored. I prescribed potassic bicarb. in good round doses every four hours and continued veratrum with the addition of spiritus ætheris dulcis; gave morphia to relieve pain. Also ordered joints wrapped in cotton wool and some placed over heart. In two or three days joints of other limb were similarly affected. At this time I substituted for the veratrum viride and sweet spirits of nitre, salicylic acid. At no time were any of the smaller joints affected. In the course of a week or ten days the inflammatory symptoms began to subside, when symptoms of chorea were developed. My attention was first directed to this by the peculiar expression of her face and her manner of conversation. In a few days these symptoms were so pronounced that had one not known her they would have thought her silly. It was with difficulty that she could control the movements of her arms—the left seemed to be worse than the right—the thumb of each hand was placed across the palm, and the fingers drawn down over it. Head and shoulders moving about almost continually.

She was unable to wash her hands or use her knife and fork at table. When walking her gait was unsteady and awkward. Respiratory movements somewhat irregular, and speech much embarrassed, so much so that she could not read aloud so as to be understood, and only with great difficulty make her wants known. The muscles of deglutition were greatly involved. When any liquid was taken into the mouth a number of attempts were made at swallowing before she was successful; and very frequently the major portion of it would be regurgitated through the nostrils. It was much the same with solids. There was at no time any strabismus, dilatation of pupils, nor hyperæsthesia of skin over any part of the body. No sensitiveness over any portion of the spinal column could at any time be detected. There seemed to be at times slight loss of memory. I ordered the following:

℞ Potassii bromidi	ʒ v
Aquæ	q.s.
Ext. cimicifugæ fluidi	f ℥ jss
Syrup simp	q.s. f ℥ iv

M. Signa. Teaspoonful three times per diem.

In addition to this I gave:

℞ Tr. ferri muriat.	
Acidi phosphorici dil.	āā ʒ ij
Syrup simp.	q.s. f ℥ ji

M. Signa. A teaspoonful three times a day.

She is now improving very rapidly and promises to make a good recovery. She experiences little or no embarrassment in walking, talking or performing any movements with her hands.

These cases are certainly not of common occurrence, since according to some observations made by Steiner, "Among two hundred and fifty-two cases of chorea, only four appeared during the course of acute articular rheumatism.

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Removal of Meckel's Ganglion for the Cure of Tic Douloureux.

BY J. B. BOOK, M. D., PROFESSOR OF SURGERY, MICHIGAN COLLEGE OF MEDICINE, DETROIT.

[Reported by Wm. M. Catto, House Surgeon, Michigan College of Medicine Hospiial.]

Wm. P. Burdick, æt 67, began to be afflicted with tic douloureux in the autumn of 1874. The paroxysms were at first slight and occurred at long intervals, three months elapsing between the first and second attacks; soon, however, they became more severe, and continued to increase in frequency, till in September 1880, the patient suffered fifty spasms in fifteen minutes.

He consulted a number of physicians, who employed various remedies none of which afforded any relief. Finally he was treated entirely with morphia and iodide of potassium.

Being unable to take any solid food, owing to the great pain caused by the slightest movement of the jaws, the patient became greatly emaciated, his weight decreasing from 289 pounds to 145 pounds.

He was received into the hospital on Nov. 15, 1880, and after a careful examination of the case, Prof. Book decided upon the excision of Meckel's ganglion, an operation that has been successfully performed, and followed by satisfactory results, in the hands of but few American surgeons.

Making a semicircular incision over the anterior surface of the superior maxilla, he cut through that bone half-an-inch below the infraorbital foramen, into the antrum of Highmore, trephined through the zygomatic plate, and came down upon the ganglion situated in the spheno-maxillary fossa, and after cutting away its roots and branches, removed it entire, the time occupied being about half an hour.

Of the dangers to be encountered in the performance of this operation, the greatest is to be apprehended from the profuse hæmorrhage following section of the spheno-maxillary artery. The bleeding in this case was excessive and very difficult to control; but was finally stopped by packing the wound with a sponge, dipped in persulphate of iron.

Owing to the age of the patient (67 years) and the severity of the operation, recovery was necessarily somewhat tedious; he remained in the hospital until well, the final result being a complete removal of the disease.

This case also affords a remarkable illustration of the tolerance of morphia, the patient having taken before the operation, twenty-six grains of morph. sulph. in 24 hours, and in one instance four grains were injected hypodermically, and the dose was repeated in four hours, no bad effects being produced.

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Plaster of Paris in the Treatment of Fractured Clavicle.

BY S. V. ROMIG, M. D., IONIA, MICH.

Henry C., æt. 13, was brought to my office Nov. 24, 1880, with an oblique fracture of the acromial end of the clavicle. I applied a wedge shape pad in the axilla, placed the hand of the affected side on the opposite upper anterior part of the chest, then accurately adjusting the fracture and an assistant holding the shoulder, I laid a dry bandage around the body, binding down the arm to the chest as before indicated. Over the dry bandage I laid a wet plaster-of-Paris roller, beginning at the elbow and continuing up to and around the shoulders, after which I applied a soft paste of the plaster-of-Paris and water.

In the same manner I applied several layers of the bandage and paste until I had obtained the requisite thickness. In a short time the plaster was "set," and formed a very firm and durable case which the patient wore with much comfort for about three weeks, during which time he continued to attend school. The fracture itself was left uncovered so I was enabled to inspect it at any time. When I removed the dressing there was no deformity, whatever. An eczematous eruption occurred upon the chest and under surface of the arm where the two surfaces came in contact. This accident might have been prevented by placing a pad of cotton between the chest and arm. The eruption disappeared in a few days with very simple treatment.

After the dressing was removed passive motion was instituted and the arm kept in a sling for about a week, when I considered the fracture sufficiently firm to allow the patient his liberty. I am not aware that the plaster-of-Paris has been used in the treatment of fracture of this bone, although Dr. Gross recommends an immovable dressing of silicate of potassa, which is quite similar. I do not think that such a dressing is in general use, and as it has served me a good purpose, though in only one case, I thought I might induce some one of your many readers to make a trial of the same.

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Selections.

Post-Scarlatinal Nephritis.—The greater part of the contribution of Dr. Hajek (*Archiv für Kinder*, vol. 1. pl. 10) agrees with the majority of articles to be found in German periodicals, in consisting almost entirely of an enumeration of the names of every one who has had anything to say on the subject in question, coupled with a partial criticism of their views, and concluding by leaving the question still in doubt, or only augmented by some trifling additional information. As articles of reference to what has been said, such papers are invaluable. Whether all that has been said is worth being referred to, is perhaps doubtful. With the uncertainty that exists as to the cause of the complex symptoms included under uræmia, this title is rather to be regarded as provisional; and the further question of the exact connection of nephritis with the acute exanthemata, especially scarlet fever, is still uncertain. Uræmia is a constant accompaniment of diffuse inflammation of the kidneys; and researches on uræmic eclampsia have disclosed affections of the brain and cord, such as œdema, and even hemorrhage into the meninges and nerve-substance, which, according to Traube, by producing a capillary anæmia leads to convulsion, a theory at variance with what is usually held. Frerichs attributes the symptoms of so-called uræmia to carbonate of ammonia, derived from urinary salts, whilst Voit regards the retention of all or some of the products of decomposition within the body as the cause, and compares the result to the extinguishing of a fire by accumulation of ashes. Caffer (1878), by injections of carbonate of ammonia into the blood, found that the corpuscles by the retention of this salt are materially changed in their structure and power of absorption of oxygen, and their number considerably diminished. Jaksch and Treitz suggest the decomposition of materials in the intestine as a supplementary source of ammonia. Mantegazza has seen muscular convulsions from injection of urinary matter as well as from the immersion of portions of muscle in urinary sediment. Perles and others speak of the quantity of kreatin and kreatinin in the blood in Bright's disease. In short, the connection between retention of urine in nephritis, and the appearances of uræmia or ammonæmia is yet so imperfectly defined, that Thomas, in Gabault's "Handbook of Children's Diseases," says that uræmia arises upon some disturbance of the urinary secretion, and is probably occásioned by it. To the question, what is the pathological connection between nephritis and scarlet fever? the answer is, the long-continued, more or less complete, suppression of the perspiration. The constant results of complete or partial covering of the skin with oil, varnish, etc., are albuminuria, and diminished quantity of urine, fall of temperature, dyspnœa, convulsions, coma, and death. Corresponding *post mortem* to these symptoms are diffuse nephritis, pneumonia, myocarditis, and hepatitis. Some observers consider that death is due to increased radiation of heat from the distended superficial capillaries; others attribute it to uræmia, and the crystals of triple phosphates which are found in the bodies of animals so treated are products of urinary decomposition. Lang clearly explains the uræmia as being caused by disease of the looped renal tubules; since excretion of water by the skin is stopped, and the lungs cannot compensate, the tubules are blocked up, and retention of urine brings about the uræmia. Lassar supposes that the sudden determination to the internal organs of blood very much cooled at the surface of the lung, is itself a cause of inflammation. An identical train of symptoms follows extension of superficial scalds. The identity in symptoms and *post mortem* appearances between primary and scarlatinal nephritis, and those brought about by artificial suppression of cutaneous secretion, however produced, justifies the conclusion that in scarlet fever the same causes, viz., the suppression of perspiration, induces the same effects, viz., nephritis and uræmia. Barthez and Rilliet put forward the idea, in which they were supported by Baginsky, that the albuminuria depended upon the non-conversion into epithelium, for which it was destined, of certain albuminous matter in the blood, which was, therefore, excreted by the urine. Bohn opposed this view, and showed how the function of the skin is impeded by the œdema of the cutis, and the dead and stiffened epidermis. From this point of view the scarlatinal nephritis would seem not to be a local expression of the primary disease, and still less due to taking cold (that scape-goat of etiology, as Bartels says) during the desquamation stage, but to be a direct consequence of the fever from the conditions of the skin.—*London Med. Record.—Med. News and Abstract.*

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Phimosis as a Cause of Hernia in Infants.—Having, in his capacity as Surgeon to the Surgical Appliance Society, to examine and apply some hundreds of trusses in the course of the year, the frequency of phimosis in combination with rupture in infants had struck the author repeatedly. The phimosis in all these cases he was certain was the undoubted cause of the rupture, and might be thus explained: After the descent of the testicle into the scrotum has been accomplished, the vaginal process of peritoneum, through which it descended, begins to close and become converted into a fibrocellular cord. But the testicles having but lately descended (the left coming down between the seventh and eighth month of fœtal life, and the right between the eighth and ninth month), the uniting medium is but yet young, and, not being sufficiently organized, is easily broken down by any strain thrown upon it. Phimosis occasions that strain from the impediment which it offers to the outflow of urine. For the mechanism of ordinary micturition is effected by the contraction of the muscular coats of the bladder and urethra, but in case of obstruction to the outflow of the urine, extraordinary force is called into action, and this is affected by the contraction of the abdominal walls pressing upon the bladder, whilst the diaphragm is also at the same time in a state of tension. By this means pressure is exerted over the whole of the abdominal wall, and the apertures by which the testicles have descended to the scrotum being always the weakest points of the abdominal surface, they naturally give way under the strain thrown upon them. In other words, the child, straining to pass his water, forces the abdominal contents downwards upon the weak points at the inguinal canals, and rupture on one or both sides results. It might even be said that the canal which has been the last to close, or, in other words, that side on which the testicle was the last to descend, is the side on which the rupture usually occurs; and, knowing that the right testicle is generally the last to descend, we naturally find that hernia in infants is also met with greater frequency on this side. That the rupture occurs on the side on which the testicle was the last to descend is only what might be expected, for the uniting medium which is effecting a closure of the canal on this side is not in so advanced a condition of organization as on the other side, where the testicle has taken its place prior to the other. It is thus easily seen how a single truss frequently produces a double rupture. The cause of the obstruction to the outflow of urine is still present in the phimosis, and one inguinal canal being guarded by the single truss, the abdomen gives way at its next weakest point, viz., the other inguinal canal, and a double rupture is the consequence. Such a result might have been prevented by early circumcision. The hernia in these cases are generally scrotal, or, if not, it soon becomes so by the wedge-like projection of the intestine; and as to whether it be congenital or infantile in variety, depends upon the amount of the funicular process of peritoneum which becomes converted into fibrocellular tissue, or which has been broken down by the aforesaid propulsion of intestine. The operation of circumcision, as performed upon young children, and which was done in all the cases the author had spoken of, is both easy of performance and effective in its results. No sutures are ever required: children bear the pain well; and the parts are usually well in a week or ten days. The hernia then stands every chance of being effectually cured by the application of a truss, the exciting cause having been removed; at all events, a double rupture is prevented by its early adoption. He would suggest that whenever an elongated or contracted prepuce is present in infants, the sooner circumcision is performed the better; thereby the more serious complaint of rupture will be prevented.—S. Osborne, F. R. C. S. E. in *London Lancet*.

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PHYSIOLOGICAL AND THERAPEUTIC ACTION OF BENZOIC ACID.—The *Lancet* states, that from his experiments Schulte has found that the introduction of benzoic acid into the stomach of warm and cold-blooded animals always causes irritation of the mucous membrane, extravasation, and hemorrhagic erosion, and that similar irritation is sometimes observed even when benzoic acid or its salts have been introduced by injection under the skin, or into a vein. In the latter case the pulse and respiration are at first accelerated, and afterwards retarded. The blood-pressure is not influenced by slight injections, but is lowered by stronger ones, and the phenomena are independent of the vagus nerve. Whenever the dose amounts to more than two-thousandths of the body weight of the animal, toxic symptoms occur, followed by death. Salkowski has pointed out that when benzoic acid is given the urine commonly contains a substance which is capable of reducing sugar. This body is not soluble in ether, but is soluble in alcoholized ether and acetic ether. It is very slightly soluble in water, and thus is distinguished from both benzoic acid and hippuric acid. The salt it forms with barium is insoluble in water, and contains both nitrogen and chlorine. Schulte has found that the appearance of this substance in the urine corresponds in time with the appearance of toxic symptoms. In the therapeutic use of benzoic acid and benzoate of soda for diphtheria, acute and subacute articular rheumatism, erysipelas, typhus, diabetes, nephritis, interstitial phthisis, peritonitis, etc., the reducing substance was never found in the urine after a small subcutaneous injection, but was found when a larger injection was given. The salt was found distinctly useful only in acute articular rheumatism and diphtheria.

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TREATMENT OF OZÆNA.—In several severe cases of chronic inflammation of the nasal and pharyngeal cavities giving rise to offensive discharge, Dr. Poore (*Lancet*, Vol. I, 1881, p. 18) has found decided benefit result from the use of a stimulant and antiseptic snuff having the following formula:

℞ Disulphate of quinine........grs. x.
Biborate of soda................
Nitrate of bismuth............āā ʒ j
Iodoform....................grs. v.

This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is therefore necessary to wash out the nostrils thoroughly once a day. This may be done with the nasal douche, or patients may be taught to snuff a lotion up the nose and allow it to run out of the mouth. A teaspoonful of glycerine of borax dissolved in a wineglass full of tepid water forms an excellent wash for the nose. When there is no bone trouble, sulphide of calcium in doses of half a grain (in pill) thrice daily often benefits the condition. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the anterior naret, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerate of tannin, and, after the cavities have been cleansed, a little dry iodoform may be passed into the cavities on the tip of the brush.—*Medical Times*.

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THE DEATH SMELL.—Dr. A. B. Isham, Professor of Materia Medica and Therapeutics in the Cincinnati College of Medicine and Surgery, calls attention in the *American Journal of the Medical Sciences* for April, 1881, to the peculiar ante-mortem odor encountered in many cases at a variable period before the fatal result; in one case he noticed it thirty-three hours before death. The smell is analogous to musk, but is rather more pungent and less diffusible. He is inclined to attribute the phenomenon to the liberation of ammonia, and of the peculiar volatile oil (fatty acid) which gives the blood its odor; this liberation being caused by the diminishing vitality of the blood.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, APRIL 25, 1881. No. 8

Editorial.

American Medical Association.

The annual assembling of themselves together of the representatives of American medicine takes place at Richmond, Va., on the 3rd prox. Many of our contemporaries have already availed themselves of the time honored privilege of berating this Association and of tendering it wholesome advice. We have deferred doing so until now. It is astonishing how indifferent the Association apparently remains to the solid chunks of advice hurled at it from all quarters, and notably from Chicago. It has been called a huge junketing party, a body far below what it should be from a scientific point of view, an unwieldy, cumbersome affair and much more, and yet it goes along from year to year indifferent to it all. This must be very discouraging to the journals which labor so laboriously to bring it up to their plane.

Although not vested with legislative functions this Association carries with it, by general consent, a power which makes its rulings the standard of professional conduct in this country. Other bodies (*e. g.* the Massachusetts State Medical Society) have endeavored to prescribe codical rules, to improve on those of the national body, but their efforts have carried no weight. In view, therefore, of its influence in this direction considerable interest attaches to its disposition of several questions which will probably come before the coming meeting. Of these questions the metric system is one. There is, we think, a general feeling that the action already had on it should not be construed into an endorsement. Our readers are already familiar with the position of this journal on this matter. That position has not as yet been affected by the arguments of the advocates of the innovation, nor disturbed by their abuse, which has been much more abundant than their argument. We have never disputed the desirability of a uniform system of weights and measures among the nations, but this uniformity must be the outcome of a natural process—growth. The Ethiopian's skin cannot be suddenly changed and that of his offspring can become white only through miscegenation. The system of weights and measures now in vogue is incorporated in the mental fibre of the people of this country, lay and professional, and any serious attempt to suddenly eliminate it and supply its place with another would be unnatural and disastrous. Even the most strenuous native American advocate of the change knows full well that his ideas of distance, quantity and weight formulate themselves in his mind in the terms of the old system, and that when he gives them expression in the metric it is only after he has translated the former into the latter. He realizes the length of a metre because he knows it to bear a certain relation to a yard; he conceives of a litre by knowing that it bears a certain relation to a pint; and he orders a centigramme of morphia because he knows it is a sixth of a grain.

If, therefore, it is necessary in order to secure a very desirable uniformity among the nations in the matter of weights and measures, that the Anglo-Saxon, the leader in civilization and progress, should surrender the system which has come down to him through the centuries, for the Gallic innovation the change must be gradual and commence with his children. The text books in the common schools must be changed and the future doctors and business men must train their budding intellects in the solution of problems in which the new has taken the place of the old, must figure out on their slates, for instance, how long it will take the dog which jumps a hectametre to catch the rabbit which jumps a dekametre in a second, the latter having a kilometre of a start.

The question, the perplexing question, of the propriety of a physician's countenancing by his prescription of it, of a drug or medicine protected by patent or copyright, is likely to engage the attention of the Association. This question has been on the table, or before the judicial council, for two or three years. The spirit of the Code of Ethics discountenances the practice, but have any circumstances arisen during the past third of a century which justify it? This is a question which is pressing for an answer and we respectfully submit it to be the duty of the American Medical Association to give it a categorical answer. The relations between the medical and the pharmaceutical professions have very materially changed since the Code was formulated, and the growing intimacy of these relations makes it extremely desirable that there should be no misunderstanding on vital questions of mutual interest. The practice of copyrighting the names of drugs or compounds with a view to restricting their manufacture to a single firm has much to recommend it and much to condemn it. In so far as it ensures reliability of preparation and an honest conformity to an honest standard, in these days of adulteration and sophistication, it is a practice to be encouraged. In proportion, however, as it tends to place scientific compounds on the level of the patent medicines which abound and encourages their sale except on the prescription of the physician in each individual case, it cannot be too roundly condemned from a professional standpoint. It seems to us that it would be competent for the American Medical Association to draw the line and make it so clear as to leave no doubt as to the propriety or impropriety of the physician's prescribing an individual preparation.

Shall the Association continue the publication of its transactions in a single volume, or establish a medical journal? This question will probably also come up at the approaching meeting. The periodical plan works well in England, but it is very doubtful that it would succeed here. The mere publication of the papers read before the Association would scarcely make a journal of sufficient interest to justify the change. The periodical to succeed must be made a medical journal to all intents and purposes—*a la* the *British Medical Journal.* Is the Association prepared to invest the amount necessary to secure the services of a first class editor and to push the venture to make it a successful business enterprise? The revenue from annual dues would be but an insignificant amount for this purpose. There are other practical obstacles to the success of the scheme which should be well weighed.

Members attending the Richmond meeting are assured of one thing, and that is a good time, for are they not to receive southern hospitalities?

Gangliasthenia.

Under this caption we printed an article from the pen of Dr. Wood in the last number of this journal. Gangliasthenia means depression of the ganglia, and indicates a corresponding exhaustion of ganglionic nerve force. Its analogue is cerebrasthenia—a term already in use. Neurasthenia as a generic word would include the two. To say, however, that a disease is nervous, except in a general way, does not specify its nature with any precision, any more than it does to speak of a pain as sympathetic. The application of this epithet to a portion of the nervous system is a misnomer, and is misleading, for there is really nothing like sympathy between separate parts of the human body, or in the actions of the ganglia only as they are the media for the expression of emotion.

This is a question of truth. We say, commonly enough, there is depression or exhaustion. Of what? Obviously of the vital force. The vital force is nerve force. We recognize the fact that the initial stage of a disease is characterized by depression of this force, but when the feature of abnormal temperature appears, following the lead of the books and of our instructors, we ascribe the disease to a poison in the blood. But the poison owes its existence to an assumption or an inference. Is the assumption wrong, or is the inference erroneous? This is the domain of doubt and conjecture. Let us return to the depression. There is depression, and it continues and increases. Can it be traced to its logical causes, and can all the phenomena of the disease be explained on the basis of its continuance and intensification? If so, then the ganglionic theory of the nature of the congestive diseases is true.

Is it true? That is the question. It seems rational and philosophical. But it involves for its elucidation inquiry into the way in which factors in the causation of depression produce their effect. How do solar heat, care, anxiety, and food, improper as to quality and quantity, act to produce exhaustion? Some of the factors are palpable and some impalpable. Their operation is not suspected until their effect is apparent. Then inquiry is addressed, not to the nature of the causes, but to ascertain which of these specific poisons is present; and time is allowed to elapse to see whether it will act in accordance with the supposed known laws of its usual behavior before it can be determined which particular poison it is. But this theory says that there is no poison; that all the congestive diseases are characterized in their incipiency by a uniform array of slight symptoms, which are signs of mild gangliasthenia, and if at this stage a few doses of bromide of ammonium be administered the intensification of the condition, its continuance and development into a formidable malady, will be averted. The truth or falsity of this can readily be established. If true, the bromide of ammonium will immediately be installed as one of the most valuable of our therapeutic agents, and will be employed everywhere, for the congestive diseases are universal.

If it is true, what then? It wipes off a blot which disgraces the escutcheon of medical science. The nature of the congestive diseases has been the subject of more theorizing, discussion and conjecture than that of any other class, and their phenomena have never been explained in a manner adapted to the intelligent comprehension of any rational being. Explanations there are, but they are involved in obscurity and are always accompanied by the well-worn apologetic phrase: "In the present state of our knowledge." But here from amidst the wreck of theories and ruin of hypotheses we have in gangliasthenia a condition which renders the nature of these diseases clear, and no apology is needed.

What then? Looking with the eye of spiritual discernment adown the vista of years we see a new pathology in which the old ones rehabilitated each play their part; the whole brood of poisons begotten of superstition and bred in ignorance is banished; "malaria" and its derivatives belong to history; the germ theory, to those who labored to prove, and did prove it true has become a vanity, and men laugh when they think how they believed in the monstrous and absurd ideas and doctrines of a short generation just past!

Miscellany.

QUACKERY—CONSISTENCY—A CASE IN POINT.—Dr. F. L. Bardeen, Rochester, N. Y., touches as follows on a subject of practical interest: Amidst the great mass of writing and talking now indulged in concerning the practice of medicine, the physician, the quack, the public, etc., etc., something ought to be evolved of true worth to the profession That there is something wrong in the profession, in the relations of the profession to the public, and in the public itself is very evident from the stir among both profession and public.

Mental energy seems to be at present especially directed towards some law intended to regulate the practice of medicine, and raise the standard of qualifications,—for the future members at least—to a higher plane.

I do not propose, however, to go into any lengthy discussion at present on the many points which present themselves; but merely (1) to present a phase of the question not frequently touched upon, and (2) to call attention to a remarkable case of consistency (?) in your city which has lately come under my notice. I use it purely in an illustrative way and in no sense personal.

Patent medicines.

Axiom.—Every proprietor or vendor of patent medicines is a quack.

From this axiom I exclude the ordinary druggist who deals in them only as merchandise. As typical examples of these medicines and remedies I cite the "Consumption Cures"—"Stomach Bitters"—"Kidney Cures," and "Pads" for every organ, except the mouths of their brazen concoctors.

Proof.—1st. No respectable or eminent physician has ever been engaged in putting these nostrums on the market.

If there are any exceptions to this it is only where some have left the legitimate field of medical practice to embark in a purely business enterprise—a substantive modernly synonymous with humbug—waxing rich through the fears and ignorance of their own kind.

2d. Patent medicines are secret remedies, and as such tend to deceive.

Deception is an essential element of quackery, and I hold this aids the proof. The secrecy implies some hidden or occult power not possessed by the trained and educated physician.

3d. They do deceive, and are therefore frauds. Fraud is another element of quackery. Not only this, but the amount paid for such nostrums is money obtained under false pretenses, and false pretense is a highly characteristic element of quackery.

4th. The universality of their application is absolute quackery.

A boastful person says he can perform well on a dozen different musical instruments. You scarcely believe he can perform acceptably on one. Another tells us he has made a machine to set type, plow the fields, mould bricks, and cast up accounts, the same machine doing each and all equally well. We write him down an ass. A third proclaims to the people that he has a remedy which cures from ten to fifty different diseases; and they gulp it down irrespective of which one of the fifty afflict them, and pay him from five to twenty dollars for the imposition. Other points might be added in proof of the axiom, but these are enough.

Remedy.—In so far as this may be accomplished the following is suggested:

1st. Take away the secrecy by compelling every advertiser and proprietor to publish along with the advertisement the formula for his compound and manner of preparing it. This one thing would tend to divest the patent medicine of that glamour which inheres in secret things generally, and almost works miracles in the minds of the ignorant.

2nd. Compel the proprietor of a nostrum to limit its applicability to the diseases commonly treated by the physician with the same remedies. The line of discrimination can be drawn far closer than at present. The criminal representations in vogue through which so much money is obtained would not be allowed in any other vocation in life. The barter and sale of inanimate things are protected by the laws and courts far more than the lives and welfare of human beings.

Finally, the radical remedy consists in educating the coming generations to distinguish between genuineness and quackery, right and wrong, the true and false.

Apropos of quackery brings me to the second topic of this article.

In late issues of a prominent secular journal of your city I notice a series of articles on medical topics which has interested me very much; but in turning from the first page to others, I am led to exclaim "Consistency, thou jewel." As I've said above, I refer to this journal only as illustrating a point. From the regular appearance of these articles—weekly, on all sorts of topics, but only lately on medicine—I am led to believe that they are of that nature, for the opinions of which the journal holds itself responsible, that the journal endorses them, and gives to its readers whatever of moral and intellectual force it may possess.

From the tone of the articles the writer is evidently on the right side, and that no mistake may be made I quote from the second article in the issue of Feb. 12th, '81. In this the writer defines his position, and the journal as a public teacher gives it force. After proclaiming himself "a humbug hater without a mission," he announces that he has a scheme to unite the physician and the press against the quack, and—"In the fair fields of medicine the weeds of quackery are abundant" * * * it is "a work of self defense to cut and slash and spare not wherever this poison-exuding growth is found."

Again "I have expended some pains and invested some conscience in this examination of our relations to the quack. The greater the care with which I survey these relations the deeper is my sense of individual obligations. I cannot hope to communicate much that is not generally known, but having unusual privileges of correspondence with the people I believe I should disobey an unmistakable command were I not to emphasize my convictions in thi regard."

Finally—"*Let the press and physician strike hands in this love's labor of popular education respecting the quack*, (italics mine) and the days of his malign power are numbered. Let them unite in persistent exposure of his crimes; let them be vigilant and tireless, intrepid in action, adroit in strategy, incorruptibly loyal to their cause, and grimly, fiercely determined in their warfare."

I should like to quote more from the third article in the issue of February 19, '81, but the above is enough to show that the writer and the journal referred to are decidedly on the side of the educated, scientific physician, and opposed to the quack and quackery, in any and every form—at least theoretically.* Now let us see how much the influential journal of your city is willing to do to aid scientific medicine in a *practical* way.

In the first of this article I think I have shown the patent medicine business to be essentially and wholly quackery. To be consistent, I now ask the journal referred to to discard from its columns at present, and utterly refuse in the future, all advertisements of secret and patented nostrums. It must either do this or else be guilty of aiding and abetting the quackery it so emphatically condemns. If it proposes "to strike hands with the physician" now is the time to do it. Let it be "persistent in exposure"—let it be "incorruptibly loyal"—let it "cut and slash," and let the "invested conscience" of both writer and journal, through its columns, act as a leaven to the intelligence of the people, teaching them to discriminate between the true and false, scientific medicine and quackery.

As a matter of curiosity and also to put the subject in a light calculated to strike the readers attention, I close by giving an estimate of the patent medicine advertising. The estimate is made from the same journal from which I have quoted, and according to their advertised rates.

By actual measurement there were *five and one-fifth* columns of advertisements of *secret and quack nostrums*—many of which tend to excite and alarm timid and ignorant people, and *all* of which tend to do harm when used indiscriminately. Calculating 160 lines to a column, and forty cents per line (their lowest rate) gives $64.00 per column or $333.00 per issue. Deducting twenty-five per cent. for long standing advertisements reduces it to $250 per issue, or $1,300 per annum. This estimate only applies to the *weekly* issue of the journal. Were the other editions of the paper included one can see the amount would be something astonishing. And who pays for this? The consumer of course. Not only the enormous bill for advertising, but also the enormous per cent. of profit on nostrums.

Be it understood that among those I have used in my estimate are *none* of the remedies and preparations of *known* composition, and which are the result of long and patient scientific research in medical chemistry, physiology, microscopy, etc. Now then, the moral force of this $1,300 worth of advertising is either *for* or *against* the practice of scientific therapeutics, not only in this paper, but in every other one which admits to its columns similar matter. I leave it to the common sense of the reader which it is. Is it consistent, then, to theorize so beautifully on the first page, and stultify one's self to the amount of five or more columns on the pages following?

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[Reported for the MICHIGAN MEDICAL NEWS.]

MICHIGAN STATE BOARD OF HEALTH.—The regular quarterly meeting of this board was held at Lansing, Tuesday, April 12, the following members being present: Rev. D. C. Jacokes, of Pontiac; Henry F. Lyster, M. D., of Detroit; Arthur Hazlewood, M. D., of Grand Rapids; and Henry B. Baker, M. D., secretary.

Dr. Lyster was elected president *pro tem.*

A letter from Prof. Kedzie, president of the board, announced his decision to decline the reäppointment as member of the board, for the reason that his duties as professor at the Agricultural college were such as, in the opinion of members of the board of agriculture, would prevent his giving that attention to the work of the board of health which he had heretofore done. His communication outlined the great progress in public health measures in this state since the organization of the state board of health, eight years ago. He saw with pride that nearly every city, village, and township in the state now has its board of health and health officer. Kerosene explosions, so common eight years ago, have forever been banished. Everywhere in the state there is evidence of an advance in the stamping out of infectious diseases. The ventilation of churches, schoolhouses, and dwellings now receive an attention never known before. The water in our wells, the drainage of farms, and the sewerage of houses have all been brought into prominence by the labors of the board.

In bidding farewell to the state board of health Dr. Kedzie gave the assurance that he did so with the kindliest feelings towards all its members, and with an earnest wish for its highest prosperity and usefulness.

Resolutions were passed expressing extreme regret at the necessity which compelled Dr. Kedzie to decline to serve longer with the board; also, expressing the high appreciation of the board for the eminent labors of Prof. Kedzie in the interests of the public health of the state. The election of his successor as president was postponed until the next meeting of the board.

The filth of our cities.—The secretary presented a communication from C. H. Voute, giving statistics of filth removed from privies and cesspools in various places in the state by means of the odorless excavating apparatus. During the time—about a year—there had been removed in the state about 2,300 tons, or 15,000 barrels, and of that amount but 2,000 barrels could be pumped out, the remainder being removed by the "pitting" process, showing the liquid portion had mostly drained off into the soil, which must be much saturated with filth, and as a consequence many wells must be contaminated.

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* Since the above was written the "Michigan Medical News" has quoted from the same writer. See page 67, issue of March 10th.

Oil inspection.—Communications had been received from different parts of the state, stating that it was customary for deputy oil-inspectors to inspect a few barrels of oil from a carload and brand as "approved" and collect pay for inspecting the whole carload. The secretary was directed to take action looking to an investigation of the charge.

Sickness caused by putrid meat.—A letter was presented from John Mulvany, M. D., surgeon in the British navy, detailing the effects of food rendered unwholesome through putrefactive taint. All of the crew of a large merchant vessel that put into the Falkland Islands, who ate of pork opened on a certain day became ill, and the illness continued until the ship was disabled and medical assistance was sought for in the Falkland Islands. There it was found that not only the pork but the beef was bad, and the meat was condemned by a board of surveying officers. Seven of the affected died, and *post mortem* examination revealed immense effusion into the pericardium, a stench from the brain and congestion at the point of the calamus scriptorious in the fourth ventricle, with congestion of the jejunum and ileum. During life the chief symptoms were paralysis of the hands and feet, and agonizing pains in the toes; uncontrollable sleeplessness, loose bowels, stench from the skin, etc., symptoms entirely *sui generis.*

The board requested Dr. Mulvany to present a complete account of the sickness.

Invitations to hold sanitary conventions during the coming winter were accepted from Coldwater and Ann Arbor.

Dr. Lyster, chairman of the special committee of the board to devise a plan for a board of health for the city of Detroit, reported that he had in consultation with the city attorney and other citizens drawn up a bill providing a practical and a scientific board of health for that city, and the bill was now before the legislature.

Sanitary science examinations.—The annual examination of applicants in sanitary science will be held Tuesday, July 12, 1881; it was voted that the examination should be written and that each member should submit 10 questions not heretofore asked, and on subjects connected with their work as regular committees. Candidates successfully passing the examination will receive certificates that they are qualified to act as health officers in any city, village, or township in the state.

It was decided to print revised editions of the documents on the restriction and prevention of each of the three diseases, diphtheria, scarlet fever, and small pox. Arrangements were also made for the translation of these documents into the Holland and German language.

"*Winter cholera.*"—The secretary reported the prevalence of a peculiar type of diarrhœa in some portions of the state during the past winter. The fact of its greater prevalence in the southern portions of the state, and that cases have been reported from two state institutions and from towns in the northern part of the state, dependent upon Chicago and southern Michigan for their food-supplies might indicate a connection between the sickness and the use of oleomargerine, butterine, products of diseased pork, or meat; or other food.

The next regular meeting of the board will be Tuesday, July 12, 1881.

A Medical Idyl.—The Ideal and the Practical.—Some years ago a young man named Eidolos graduated at one of our best medical colleges. He had formed his ideal of the true physician and intended to regulate his life by the standard which he had set himself, and resolved to so control and govern his every action that in the end he would attain unto the likeness of that exalted type the image of which was enshrined within his breast. The last words of the eminent man who had addressed his class on the day of graduation were:—"preserve your ideals." These words constantly rang in the ears of the young man and he adopted them for his motto.

He located in a small lumbering town in the northern part of Michigan, whose streets were still encumbered with pine stumps. Here he began the practice of his profession and was not long without applicants for treatment.

A lumberman in a neighboring camp was taken sick and our new man was sent for. The case proved to be one of pneumonia. Lumber camps afford but little in the way of care and nursing—they are not hospitals. Our doctor did all he could and attended him faithfully for two weeks but the patient died. The "boys" took up a collection and bought a $40 coffin and gave their dead comrade a $80 funeral, when after paying the apothecary's account there was $5 left for the doctor. People said he was not practical or he would have secured his whole bill.

Late one night the doctor was visited by a strapping young fellow who lived some distance in the country. He was backward about making known his errand but it came out at length that he wanted some "driving medicine." He had been too intimate with a young woman in his vicinity and he wanted something to "drive" the impediment to the menstrual flow out of the way. Our doctor read him a lecture on the enormity of the proposed practice and urged him to marry the girl. In a few months thereafter the doctor attended the young fellow's wife in confinement. His fee for the service was in money *nil*, but in satisfaction at the result immense. Here again he was not practical for the young fellow had been prepared to pay for the medicine.

Soon afterwards Dr. Eidolos removed to a larger and more flourishing town.

Among those who first called on him was the wife of a prosperous merchant. She stated that they had one child and did not desire another *so soon* and she thought she was again pregnant. An examination revealed the fact that her surmises were correct. The doctor's aid was solicited to avert the trouble and the request was backed up by the proffer of a $50 bank note and the covert offer of her favors. The doctor was young, handsome, and poor, and he was more than mortal. He declined; you see he had an ideal. The lady soon after was taken ill and Dr. Praxis attended her. He said she had a severe cold and would soon be well. The result justified his predictions. Praxis understood his business and was soon getting all he could attend to. This lady said Eidolos was not a practical man.

One day Eidolos called to pay a visit of courtesy to a lady patient who was almost convalescent from a tedious illness. With her returning health the fires of passion burned afresh and as he rose to leave she stood against the door barring his exit from the room and inviting him by word and look to her embrace. Dr. Joseph Eidolos was equal to the occasion. He said it was impossible, and then smilingly, gently, firmly he opened the door and departed. This lady was heard to express her opinion that he was not a practical man. Praxis would have been more accommodating.

About this time a lady well on in years, the wife of a prominent official in one of the churches asked the help of Dr. Eidolos in what she called an "accident." Their children were grown up and they did not desire any more so late in their married life. Eidolos declined to interfere and she had recourse to Praxis who prevented the accident. During their conversation she referred to Eidolos in this way:

"Do you know Dr. Eidolos?" she asked. "Yes."

"Do you think he is a practical man?" "No."

"But you are, Dr. Praxis." "You bet."

Praxis had been a drayman, had attended one course of lectures in a reputable institution and then bought a diploma at the factory. He was not troubled with ideals.

There was a fellow on Mount Ararat waiting for the ark to land. His name was Praxis and he was a commercial traveller. But when he found that Noah and his family were all sick he turned doctor. (He had one of Buchanan's diplomas in his pocket). That man's descendants have been doctors ever since, and they are a numerous lot. These are they who open medical institutes in the cities and have stated days for visiting the rural places; who flood the country with circulars and have whole page "ads" in the dailies. Every one is their victim that they can fasten on and they are your true "leeches."

Praxis also resides among the dwellers in the larger cities of the east, and anon he writes a book the sales of which amount to a single copy. Occasionally he converses with himself on some current topic and has the interview published in the daily newspapers. His most delightful aspect is when he postures as a hybrid between a scientific acrobat and a medical mountebank to amuse an audience with a performance on "Trance" or "Hypnotism." This is the kind of a subject which gives Praxis a chance to keep himself before the public, where only he thrives, while the pseudo-scientific world gapes with wondor at his lore.

But where is Eidolos. He also is a dweller in the city. Is he an iconoclast? Has he shattered his idol? Has he cursed his god and gone to practicing on his "cheek?" Not he. A well-known, quiet, and unobtrusive man, he pursues his daily round of duty. He is ready in counsel and of high repute in his chosen walk. On occasions he contributes to the journals, and his articles are well-studied and full of meat. Honor, and fame, and wealth, are coming to him. He cannot attain his ideal here for now his motto is "Excelsior."

And where is Praxis? Some of him are in the penitentiary, and the rest keep their old ways.

Winter Cholera.—Dr. Geo. W. Howland, Flint, Mich: In reading the last News, I note your question in regard to the so called disease "Winter Cholera." I will give you a few cases: On March 17th I was called to see a gentleman, a Mr. B., of Chicago, who was suffering from an attack of diarrhœa of a severe type, with watery discharges, considerable pain, tenesmus, anorexia, vomiting and general nervous exhaustion, food and drink, distressing him very much, and passing without being digested. Patient continued so for 48 hours, and made a fair recovery; I lost sight of him the third day. On March 21st I was, myself, taken sick with a severe diarrhœa with same symptoms as above which lasted me about 10 days. From that time I have seen between 30 and 40 cases, all of the same type, and lasting in each individual case about the same time; recovery in all. The treatment was cathartics of calomel, followed with vegetable astringents. These cases all occurred at the Hotel Bryant, of this city. I have also seen several cases outside of the hotel, who have had the same trouble and with same symptoms; recovery in all. I have made inquiries in regard to the sanitary condition of the hotel and find it unobjectionable, drink and food, first class, the water coming from a drive well one hundred feet deep and through a solid tube reaching to the bottom of the well, so that there is no surface water intermixed; water closets are in perfect condition. Of those who suffered outside, some lived in the country and did not even hold social intercourse with those at the hotel. I should like very much to here from others who have seen this form of disease, and their opinion on the subject.

Detroit Medical College. — A Split.—The unfortunate internal dissensions which have been rending this institution during the past few months have culminated in the resignation of the major portion of its corps of professors. The dispute had its tangible origin in a desire on the part of the president, Dr. Theodore A. McGraw, to have Dr. Eugene Smith appointed as clinical professor of ophthalmology. This proposition the majority of the faculty very emphatically declined to concur in, and Dr. McGraw, making an issue of it, tendered his resignation to the board of trustees. The board, however, requested him to withdraw his resignation which he did, conditioned, it is presumed, on Dr. Smith's appointment. At all events Dr. Smith was made by the board of trustees clinical professor of ophthalmology, and contrary to the wish of the faculty, as determined by a vote of six to four. Under the circumstances what followed was, of course, inevitable, and after a preamble embodying their reasons in detail, of which the following is the concluding clause : "In our belief it opens the way for rendering the course liable to be conducted for personal aggrandizement, sacrificing the interest of education and the dignity of the profession to personal ambition, and converting the clinics, dispensaries and other charitable features of the College into transparent advertising schemes in the interest of the faculty. We believe that the best antidote to this danger lies in the American principle of the majority rule, and with the death of this principle in faculty government we cannot consistently remain connected with the College," the following gentlemen resigned :

Jas. F. Noyes. M. D., Emeritus Professor of Ophthalmology and Otology.

Geo. P. Andrews, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine.

C. B. Gilbert, M. D., Professor of Obstetrics and Diseases of Women and Children.

Samuel P. Duffield, M. D., Professor of Toxicology and Medical Jurisprudence.

Albert B. Lyon, M. D., Professor of Chemistry and Director of Chemical Laboratory.

Leartus Connor, M. D., Professor of Ophthalmology and Otology.

Hal. C. Wyman, M. D., Professor of Physiology and Director of Physiological Laboratory.

Morse Stewart, Jr., M. D., Instructor in Materia Medica and Therapeutics.

The students in attendance have also expressed their views on the situation in preamble and resolution of which the following is the conclusion:

"Further we believe that the withdrawal of Prof. Connor, together with Profs. Noyes, Andrews, Gilbert, Duffield, Lyons and Wyman, and Dr. Stewart, will tend to lower the standing of the college in the opinion of the profession and public; and that it will be to our interest as present students and future practitioners, to attend and graduate from some other institution than the Detroit Medical College."

The whole affair seems to be another effort at the solution of the problem: "Does the dog wag his tail or does his tail wag the dog?"

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A NOVEL OBSTETRICAL MANOUVRE.—I am not what you would call a scientific obstetrician, and consequently do not pay much attention to the diameters, planes, curves and straits of the organs concerned in parturition. I watch the patient closely and feel her pulse frequently at the same time I observe the progress of the labor by digital examination. If the head is not descending in the right position I rectify it with one finger or the whole hand. Instruments are my abhorrence and I have never in more than twenty years practice had occasion to use them. But once I came very near it. The patient was a primipara. The labor proceeded well till the last stage was reached and here the head visible between the parted labia stopped. With one middle finger in the rectum and the other under the arch of the pubis, I hooked on to the chin and occipital protuberance and pulled but no advance was made. I was nonplussed for once. Here was a case for the short forceps. My favorite doctrines were about to be subverted. Never despair, is my motto. The patient was exhausted and getting cross. The difficulty was that she restrained her pains through dread, and had them in her shoulders. At this juncture I placed my hands back to back with the fingers within the vulva, and by separating them expanded the outlet laterally. The patient shrieked "you are killing me!" and the head popped out (I beg pardon) emerged from under the pubis and the trouble was soon over. The manouvre was successful W.

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A UNIVERSITY OF PANTOPATHY.—*Cincinnati Lancet and Clinic*: "The Eclectics of the State of Michigan "to the number of 5,000 voting citizens" have petitioned the legislature for a chair of "eclectic" medicine in the University of Michigan (Ann Arbor) They modestly ask an annual appropriation of just half as much as that made for homœopathy ($3,000), and claim the right of representation in consideration of "the amount of money the eclectics of Michigan and their patrons have paid in the last thirty years toward the support of the allopathic department in which they have not been permitted to have any privileges."

Why not, to be sure? What kind of a free country is it where there is taxation without representation! The objection was made to the introduction of homœopathy that it would open the doors to all the dogmas and sects and the realization of it is now at last at hand. If the homœopaths, why not the eclectics, and if the eclectics why not the hydropaths, the Thompsonians, the physio-medicals, the spiritualists, and all that class? Let there be no distinction in an institution for the dissemination of universal knowledge except that made by taxation; and that equal justice be measured out to all, let the State be polled for its views in medicine as well as in politics. Or, might it not be more republican, perhaps, to imitate the political methods, and fill all the chairs, as all the offices are filled, by the party which has the majority?"

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The North American Review for May contains a striking article by the Hon. David Dudley Field on "Centralization in the Federal Government." That our polity is rapidly advancing in the direction of centralization is demonstrated by the author; but whether centralization is really a formidable evil or only a bugbear is a question which men will probably continue to decide according to their several political predilections. The second article is upon the new revision of the Bible, by the Rev. Dr. Schaff, of the American Committee of Revision. Mr. Justice Strong writes of "The Needs of the Supreme Court." The Hon. George Q. Cannon, the first advisor of the President of the Mormon Church, and delegate to Congress, makes a vigorous defence of "Utah and its People." The question, "Shall Americans build Ships?" is considered by Mr. John Roach, the ship-builder. The other articles are "The Life-Saving Service," by the Hon. S. S. Cox; "The Ruins of Central America," by M. Charnay; and finally, an attack on evolution philosophy, written in a vein of the finest irony, and entitled, "What Morality Have We Left?"

Leonard's Illustrated Medical Journal for April treats its readers to a dissertation on the metric system, the editor remarking that he has used the system with success for three years. He lays down four rules for the converting of the old system into the new. Rule III says "grains divided by 4 equal drachms (fluid or dry)." Of course this is a mistake, "grains" being a misprint for "grammes," but how can the educated editor and proof reader who has had three years' experience with the system and still makes mistakes, expect the ordinary doctor to adopt it with perfect safety to his patients? Such mistakes would be inevitable under an arbitrary imposition of the metric on the profession.

Medical Record: The bright, mirthful soul of the late Senator Carpenter was not over-awed even by the shadow of death. The evening before he died he suffered excruciating pain, and in his agony wanted an explanation of the cause. "The pain is caused, Senator," replied a physician, "by a stoppage of the colon." "Stoppage of the colon, eh?"—and again the sense of humor overcame pain itself—"Well, then, of course *it isn't a full stop.*"

The Medico-Chirurgical College, of Philadelphia, is the name of a new college recently established in the quaker city. The *Medical Times* calls it an ambitious but puny youngster which is likely to perish soon through lack of pap. The *Times* is generally pretty well informed, but it seems to us, from this distance and in the light of recent correspondence from that city, that there is room in Philadelphia for a school which makes attention to clinics a condition of graduation.

The most remarkable instance of heredity on record is a case recently reported by the Louisville *Courier-Journal*: A young lady nine years ago had a needle enter her foot. It was never extracted but continued its meanderings through the body. The lady was married a short time since and due course a child was born, a year after which the identical needle, it is said, much corroded, was found in the infant's thigh.

Dr. J. W. Holland succeeds the late Dr. R. O. Cowling in the editorial chair of the Louisville *Medical News*. It is a large chair and an ordinary man could only rattle around in it. Dr. Holland is, we believe, an untried man but he brings with him qualities which application will develop and the *News* is to be congratulated on securing his services. We wish him success.

The *Virginia Medical Monthly* announces that it will issue a daily edition during the meeting of the American Medical Association at Richmond, on May 3–6. The enterprize is to be commended, and we hope it may prove profitable. Subscription price for the four days (postage prepaid) forty cents. Names are requested to be sent in early that the publisher may know what number of copies to print daily.

A new proof of sure death is given. It is the application of Vienna paste to the integument of the subject. If no eschar is produced, or if the stain is yellow or transparent there is death; but if it is black or reddish-brown the individual still has life.

The *Southern Clinic* advertises a daily edition during the meeting of the American Medical Association in Richmond, which issue "will be for gratuitous distribution in honor of the occasion." This certainly is handsome and will doubtless be appreciated.

The mortality in Great Britain from anæsthetics during the ten years ending 1880, was as follows: Chloroform, 101; ether, 11; chloroform and ether, 7; methylene, 11.

The *Medico-Chirurgical Quarterly* in noticing a doctor's removal intimates that at his new residence the gentlemen will continue to differentiate between specimens of diabetic urine and essence of sweet pea.

Hattie Deuel, of Iowa, out-Tannered Tanner, and went 47 days without eating. At the end of this time she yielded up what little life she had left.

Book Notices.

A TREATISE ON BRIGHT'S DISEASE AND DIABETES, WITH Especial Reference to Pathology and Therapeutics. By Jas. Tyson, A. M., M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania; one of the Physicians to the Philadelphia Hospital, etc. With Illustrations, including a section on Retinitis in Bright's Disease by William F. Norris, A. M., M. D., Clinical Professor of Ophthalmology in the University of Pennsvlvania. Price, $3.50.
Philadelphia: Lindsay & Blakiston. Detroit: John Willyoung.

Dr. Tyson is already favorably known to the profession as the author of several valuable little works, viz.: "A Guide to the Practical Examination of Urine," "The Cell Doctrine," and "An Introduction to the Study of Practical Histology." In the book before us he has given evidence of a thorough study of the subject, and has brought it well abreast of the times. It opens with a section on the minute structure and function of the kidney. The second section is devoted to the tests for albumen and to a consideration of the sources and mechanism of albuminuria. It is to be feared that in practice the mere presence of albumen in the urine is too generally held as an evidence of the existence of Bright's disease. This is, of course, a serious mistake. Dr. Tyson uses the term merely to cover the following affections: Acute parenchymatous nephritis (acute Bright's disease), chronic parenchymatous nephritis, lardaceous disease, interstitial nephritis.

Under the head of etiology the various causes are enumerated, bnt we find no mention of cold and damp feet as a cause, especially in those who have passed the meridian of life. We believe this cause to be very frequent. The chapter on the treatment of acute Bright's disease enumerates the various common remedies in vogue, but no reference is made to cantharides so much praised by Ringer. Jaborandi is recommended. The consideration of the nature, etiology and treatment of the chronic form of the disease is full and exhaustive. The sections on diabetes are a very valuable portion of the work.

The book presents the whole subject in a concise form and can be safely commended to our readers.

LECTURES UPON DISEASES OF THE RECTUM AND SURGERY OF the Lower Bowel. Delivered at the Bellevue Hospital Medical College. By W. H. Van Buren, M. D., LL. D. (Yalen.) Professor of the Principles and Practice of Surgery in the Bellevue Hospital Medical College. etc. Price, $3.00.
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

This is the second edition of this work and is largely re-written, the success of the various procedures of treatment being illustrated by cases in the practice of the author and from reports of contemporaries. Had Dr. Van Buren, however, been a close reader of the periodical literature his book might have been more complete in the matter of these illustrations. For instance, he might have given as an additional illustration of the value of thuja occidentalis in epithelioma, the remarkable case reported by Dr. John B. Rice, in this journal about two years ago.

In his reference to cases of extirpation of the rectum for cancer he might also have mentioned the case reported by Dr. Henry F. Lyster in these columns. In the treatment of internal hæmorrhoids he might have mentioned among the remedies he enumerates, liquor bismuth. We have found an enema of a tablespoonful of this preparation in a teacupfull of boiled starch a very excellent application.

Taken as a whole, whowever, Dr. Van Buren's book is well up with the times. Its practical character also especially commends it.

A MOVABLE ATLAS OF THE HUMAN BODY. By Prof. Whitkowski, M. D., Faculty of Medicine, Paris. Published by Jos. Cristadoro, 98 Williams St., New York. Price, $5.00.

This work shows a dissection of the human body rom the head to the upper third of the thigh on a cale of fourteen inches in length by nine inches in readth.

The front view shows the superficial muscles and fasciæ of the body colored and stamped with a number which refers to a printed index. This index gives in general terms the position and office of the several organs and tissues numbered on the plate. The front of the manikin may be turned over like the leaf of a book, and shows upon its reverse side the deeper layers of muscles, and leaves exposed the ribs and intestines with a portion of the liver, stomach and bladder. These may be turned aside and studied *in situ*. Even the heart is divided so as to exhibit the right and left side with those valves and orifices of the vessels. All are beautifully colored in natural tints, and present the appearance of a beautiful dissection by a skilled demonstrator with the advantage of the student being able to replace the dissected portion at will.

An essay on the Human Body, its Form and Functions accompanies the Atlas, intended for the general reader. An explanatory index by Prof. D. A. Loomis (late Assistant Surgeon U. S. A., etc., etc.,) furnishes the necessary anatomical information. It is well worth the price to those engaged in the study or practice of medicine.

THE METRIC SYSTEM IN MEDICINE, Containing an Account of the Metric System of Weights and Measures, Americanized and Simplified, a Dose Table and 300 Practical Illustrations of Metric Prescription Writing. By Oscar Oldberg, Phar. D., Medical Purveyor, U. S. Marine Hospital Service; Professor of Materia Medica, National College of Pharmacy, Washington, D. C. Price, $1.50.
Philadelphia: Presley Blakiston. Detroit: Thorndike Nourse.

The views of the reader as to the merits of the metric system and the advisability of supplanting with it the system so long in vogue should not, of course, have any influence on his opinion of the book. Were we to adjudge the book by our views as above we should most unequivocally condemn it. As it is, we must say that it is the best book we have seen for those desirous of familiarizing themselves with the metric.

A TEXT-BOOK OF HUMAN PHYSIOLOGY; Designed for the use of Practitioners and Students of Medicine. By Austin Flint, Jr., M. D., Professor of Physiology and Physiological Anatomy in the Bellevue Hospital Medical College, New York, etc., etc. Third edition revised and corrected. Price, $6.00.
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

It is scarcely necessary to say aught of this classical work further than to announce that a third edition of it has been given from the press. The book throughout shows changes which have been made to bring the subject abreast of existing knowledge. The reception which this work has received shows it to be unexcelled as a text book of physiology either in this or any other country. It has been honored with a translation into several European tongues, and has won for its author a very high place among contemporaneous physiologists. The book before us is practically a condensation of the author's work in five volumes, the condensation adapting more fully to the purposes of a text book.

Original Articles.

The Bromide of Ammonium.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

There is a fashion in medicine that is set by the leaders of the profession. The rank and file with blind submission, with unthinking subservience, with unsurpassed and stupid credulity follow the leaders. In many instances they have fallen into the ditch of error together, and are floundering there, or having crawled out are still pursuing the illusion which led them astray.

In therapeutics the leaders select some particular remedy and write it up until it becomes fashionable. This is the way in which the bromide of potassium was treated, and accounts for the supremacy it has obtained and the hold it has on the minds of medical men. They speak of the bromides collectively; but they mean it; they say they understand the action of the bromides, but they are thinking of it; they prescribe the bromide but their prescriptions are rarely written with anything else than the potassium bromide. The leaders have set the fashion. If they have led us astray, they must be set right; the teachers must be taught. Let us hear the dicta.

This bromide (ammonium) probably produces on the system effects analagous to those of bromide of potassium (U. S. Dispensatory).

The effects of bromide of ammonium closely agree with those of bromide of potassium (Royle's Mat. Med. 1876).

It is proable that the bromide of ammonium is perfectly interchangeable with the bromide of potassium, (Therapeutic Means for Relief of Pain, J. K. Spender, p. 104).

Bromide of ammonium in almost every respect has the same action as bromide of potassium. (Drs. Robert Amory and W. A. Hammond).

The bromides of potassium and ammonium generally correspond in the results and modes of their actions. (Bartholow Mat. Med.)

This latter writer in his book on Materia Medica discusses the bromides collectively and then says: "the form of migrain in which it acts, etc.," and then shows that he is thinking all the time of the bromide of potassium by giving a formula for "it."

The authors of the National Dispensatory stigmatize the bromide of ammonium as having a grave defect in its unpalatable taste. Why they should single this one remedy out of the vast array of nauseous and bitter drugs and condemn it, for this fault seems inexplicable.

It appears to be a great absurdity—a piece of excessive stupidity to say that two remedies having such dissimilar bases as potassa and ammonia are endowed with properties so nearly alike. But these be our teachers, and it is because of their utterances that the bromide of potassium has become the fashionable bromide, while its sister salt of ammonium, has been allowed to fall into desuetude, and to remain in comparative obscurity unnoticed and misunderstood.

Thus while it possesses therapeutic properties of the most valuable kind; while it is most prompt, reliable and certain in its effects; while it has a wide range of use in disease, it is generally held in small esteem on account of its alleged bad taste, uncertain action and limited applicability, and is considered to be a sort of second fiddle to the bromide of potassium as an energizer of the latter's action, or is regarded in a general way as similar but inferior to it.

It is said that our knowledge of the properties of medicines as remedial agents is derived from their experimental use in disease. This is to a great extent true. It is that kind of knowledge of the bromide of ammonium that I propose to present here.

Six years ago I knew nothing of the salt, but my attention having been called to it I prescribed it a few times empirically. Its effect in one case attracted my notice, and I made a mental note of it. A farmer's wife who complained of general ill health took, at my direction, an ounce of the medicine in fifteen grain doses four times daily. After taking the whole ounce she was so much recuperated that on a hot summer's day she walked two miles to town. She had not been capable of making such a journey for a number of years. I observed in her case that the conjunctivæ, which had been icteroid, were then as clear as pearl and of a healthy lustre. I perceived that here was something new under the sun, that an old therapeutic agent seemed to possess undiscovered powers.. I followed up the lead and prescribed the remedy freely and frequently, and found that it met a certain line of pathological indications and none others. I discovered that it fulfilled the physiological design of the use of a remedy in a certain well-defined class of symptoms which set apart a number of seemingly diverse diseases and bound them in the ties of pathogenetic relationship; that its effects were entirely different from what they were reputed to be, and were not in any respect like those of the bromide of potassium. The result of my observation of its action and experience of its effects is that I possess an altogether exceptional knowledge of its therapeutic properties. At the same time thought and study of its physiological operation have modified my views of the pathogeny of certain diseases and given me a deeper insight into their nature.

The following are the symptoms which I have found to indicate the use of the bromide of ammonium: Frontal headache, suffusion and blurring of the eyes (asthenopia), soreness of the upper lids, ptosis or convulsive closure of the eyes due to paresis of levatores palpebrarum, a sense of swollenness or bulging in the eyes (exophthalmos), a wavering dilatation of the pupil, injected and icteroid conjunctivæ, excessive sweating, sleeplessness, disagreeable dreams, (phantasmagoria), anorexia, nausea, vomiting and retching, stiffness of fingers, numbness, swollenness, and sweating of hands, blue or other abnormal color under nails, capillary congestion of hands, pain in nape of neck running up into the occiput, pain in shoulders, elbows, and knees, pain at sacro-spinal junction (lame back) a sense of weariness, (muscular debility) or pain, or pain with spasm (cramps) in the calves of legs, pain between shoulders and under scapulæ, any degree of coolness of hands or feet appreciable by the normal sense of caloric, œdema of feet and ankles, congestive intestinal, uterine, renal, gastric, and pulmonic hemorrhages, despondency and irascibility, lassitude, languor, listlessness or weariness, hyperthermy and hypothermy, hot flushes and cold chills, hopelessness (acute formapathy), drowsiness in the daytime, atonic voice, tinnitus aurium due to congestion of the labyrinth, pulse slow or thready, a sense of chilliness, and a sense of constriction around the chest.

At first glance this seems a formidable array of symptoms for one medicine alone and single-handed, as it were, to grapple with and overcome. But when these evidences of disease are rightly interpreted they are found to be nothing more nothing less than symptoms of passive congestion and signs of gangliasthenia. In controlling the symptoms and in abating the evidences of disordered function the bromide of ammonium acts as a "sthenic," and increases the ganglionic nerve force. Innervation being restored the blood circulates normally, and passive congestion is overcome, *i. e.* the circulation is equalized. This being accomplished, all subjective and objective evidences of disordered function disappear. Thus the remedy is first "sthenic" in its effect, then anti-congestive, and as such it operates as an anti-emetic, an anodyne, a hypnotic and a tonic. It acts specifically always as the physiological restorer of lost, diminished, or depreciated ganglionic nerve power. How it does so the physiologists may settle among themselves.

The bromide of ammonium may accordingly be employed as a therapeutic in accordance with certain rules governing its administration in all diseases presenting the foregoing symptoms. These diseases will, in the progress of medical science, come to be recognized as due to the ganglionic derangement. At present they are variously classed, but are generally considered to be primarily due to some change in the blood, supposed to be wrought by specific causes. In time the views now held in regard to their pathology will be found to be erroneous, and the doctrines advanced by the writer will be acknowledged to be true, and will in future years be commonly accepted. The pathology of these diseases, as it is understood to-day, is all wrong. The following is the list of them: Diarrhœa, cholera morbus, cholera, cholera infantum, eclampsia, icterus, marasmus of bowels, congestive uterine hæmorrhage, (metrorrhagia) congestive intestinal hæmorrhage, congestive pulmonic hæmorrhage (hæmoptysis) congestive gastric hemorrhage (hæmatemesis), rubeola and its sequelæ, beri-beri, anæmia, purpura, scurvy, exophthalmic goitre, sunstroke, yellow fever, typhus, typho-malarial fever, relapsing fever, milk sickness (pseudo-gastritis) dengue, hæmorrhagic and hæmaturic fevers, pseudo-phthisis, pseudo-rheumatism, pseudo-pneumonia, dipsomania and sea-sickness.

The bromide may generally be employed in all congestive diseases presenting any of the symptoms before enumerated, and especially may good results be expected from it in the so-called "malarious" disorders which will not yield or are found not amenable to the action of quinia.

The bromide should always be administered largely diluted with water, thus its taste, which in a strong solution is somewhat pungent and objectionable, becomes slightly bitter, mildly saline and very evanescent.

It is incompatible with acids, hence all acids and acid fruits must be prohibited during its use. If uric acid is present in the stomach as a product of deranged digestion, the bromide must be preceded by the exhibition of bicarbonate of soda until the urates are neutralized. In like manner oxaluria may be met with a few doses of nitromuriatic acid before the bromide is used.

The usual formula employed by me is one ounce of the salt to four ounces of water. Such adjuvants as may be indicated can be added to this. The ordinary dose of this solution for an adult is one teaspoonful containing fifteen grains of the salt diluted with two or three tablesponfuls of water before each meal and at bedtime. In acute cases demanding immediate relief the dose may be given every five minutes, or it may be given at any interval from five minutes to four or six hours.

The dose will, of course, vary in size with the age of the patient, ranging down to a grain in a drachm of water or other solvent for an infant a few weeks old.

The bromide of ammonium is antagonistic to opium and its preparations, the latter being congestive in their action are therefore simply poisonous in congestive diseases. The result of all observation of their effects in this class of disorders is that they are pernicious in their operation and are seldom tolerated.

The following are cases illustrating the use and action of the bromide of ammonium:

Congestive Uterine Hæmorrhage.—Mrs. W. æt. 29, married, no children, for three months had had slight constant and continuous uterine hemorrhage, and had been treated by three physicians. They had doubtless put her through the usual routine of styptics and astringents. I was called to her case and found her still flowing, gangliasthenia signs well marked, pulse thready. Prescribed the bromide of ammonium according to usual formula and dose. The first dose checked the hemorrhage and there was no more. Under its continued influence the patient, who had been much reduced, was able in ten days to walk to the front gate, and in two weeks from my visit she went on a journey. The moral is obvious.

Congestive Intestinal Hemorrhage.—Mr. B., æt. 54, presented signs of general gangliasthenia, cold hands and feet, pain at sacro-spinal junction and at nape of neck; frontal headache, no appetite, pulse slow, some pain across bowels. Had been ailing several days, feeling "out of sorts." Bowels moved frequently, eight or ten times a day, and each passage was accompanied with hemorrhage—blood fluid. Prescribed bromide of ammonium. Recovered and was up the next day.

Congestive Pulmonic Hæmorrhage.—Mr. M. C. B., æt. 26, was in failing health, and excessively worried about his condition. Had sleepless nights, poor appetite, reduced in flesh; movements languid as if tired, hands cool and swelled when hanging down, and had a peculiar mottled appearance, palms exuded a greasy sweat. The hæmoptysis occurred without premonition at irregular intervals, and the discharge was from a teacupful to a pint in amount. These attacks left the patient prostrated and despondent. The only lung symptom was slight hepatic dulness over lower lobe of right lung. He had some nitromuriatic acid for oxaluria. Followed this with the bromide of ammonium, and gave separately some fluid extract cinchona. Hemorrhage did not occur after first dose of bromide. Patient began immediately to recuperate, and in three months, under the continued use of the remedy, had gained sixty pounds in weight. During this time he underwent the fatigues of an arduous political campaign, and at its close his vigor was renewed and he enjoyed better health than ever before.

Congestive Intermittent.—Mr. A. D. W., æt. 39. The peculiar feature of this case was the continued and violent paroxysmal retching. Patient's bones ached, and he said that in the South, where he had served during the war, they would call his disease dengue. Quinine had no effect in controlling the periodicity of the attacks. In the midst of the third paroxysm of his disease, which had bothered me considerably I observed that his hands were cool, and with this as an indication I gave the bromide. No sooner had it touched the stomach than the vomiting instantly ceased. This was a revelation to me for I had not learned to use the remedy as an anti-emetic. Its continued use prepared the way for the quinia, and the two were used in conjunction in the further treatment of the case. Recovered.

Acute Passive Conjection of Stomach.—Nellie G., an actress, was taken sick on the stage. When I arrived found her suffering intense distress in the stomach with incipient nausea and severe pain reflected on the splanchnics between the scapulæ, pulse slow. Gave her fifteen grains of bromide of ammonium every five minutes. At the end of twenty minutes she was ready to resume her part. She told me that the attacks were of common occurrence. That usually she was treated with hypodermic injections of morphia, mustard plaster, etc., (the routine business) and was always sick with vomiting and headache for two or three days. Moral obvious.

Marasmus of Bowels.—Mrs. E. W. G., æt. 80, was taken sick in the spring with "chills." Her doctor, who was not a physician, treated her with calomel in large doses, and quinia, but the chills were not amenable to treatment. She slowly and gradually grew worse, and her disease was eventually diagnosed as marasmus, supposed—conjectured—to be due to tubercle of the mesenteric glands. Here was a person dying under my eyes and I was powerless to help because her family had no confidence in me, and yet I knew that her death could be prevented by the potent virtues of bromide of ammonium. I sent her surreptitiously—as the code regards it—three doses of the remedy. The effect is described in her own language addressed to a third person: "It made me so hungry that I had to eat in the night." She died, however, in the fall, a victim to the stupidity and prejudices of her friends and the ignorance of the practitioners who attended her. Several morals are very obvious here.

The bromide of ammonium is not in any case an anti-periodic, but it prepares the way for the use of quinia by removing the hitherto "unknown element" from intercurrent inflammations. By the assistance which it will render quinia in all forms of congestion it will become that agent's most potent and valuable ally. Often it will usurp the place of quinia and relegate the latter to its proper sphere as an anti-periodic only.

As passive congestion is never under any circumstances a condition precedent to the state of the tissues termed inflammation—though erroneously supposed to be so—the bromide of ammonium, whose action is anti-congestive and not anti-phlogistic, will not meet a single indication in the inflammatory diseases. Thus the action of the bromide will demonstrate that no element of inflammation enters into the nature of the congestive diseases. This will surprise the pathologists when they come to learn that the action of a medicine explains the nature of disease.

[Reported by W. M. Catto, House Surgeon.]

Notes of Hospital Practice.

SERVICE OF C. J. LUNDY, M. D., PROFESSOR OF DISEASES OF THE EYE, EAR AND THROAT, MICHIGAN COLLEGE OF MEDICINE.

Enucleation of Eye, for relief of Sympathetic Disturbance. Case 1.—S. McG., æt. 29, single, entered the hospital on Feb. 11th, 1881 and gave the following history: When three years of age he was struck in the eye with the point of a knife blade. The blade penetrated the cornea, iris, crystalline lens and ciliary body, causing loss of sight. Inflammation followed the injury and the globe gradually wasted. Although he suffered more or less pain and discomfort for years, and although exacerbations of the pain and inflammation occurred from time to time, yet he was free from sympathetic disturbance for a long period. Nine years ago he began to wear an artificial eye over the atrophied bulb and continued to do so without trouble till four years ago. During the past four years, however, he has had from time to time, trouble of a sympathetic character it the left eye, such as photophobia, lachrymation.

blurring of vision, etc., etc. Fearing the occurrence of a destructive sympathetic ophthalmia in this eye, Prof. Lundy advised enucleation of the blind atrophied ball. The patient consenting, enucleation was performed in presence of the class on Feb. 12th. The adhesions between the globe and surrounding tissue were so firm that the stump had to be dissected out. When removed the wasted eye-ball measured about one-third the normal diameters. Cold water compress was applied for several hours, after which carbolized cosmoline spread upon soft cotton was used; after the second day the socket was syringed out with carbolized water. The patient did well and left the hospital for home at the end of eight days. All sympathetic disturbance in the left eye had subsided and vision was about normal.

Case 2. James M., æt. 32, single, laborer, was admitted into the Michigan College of Medicine Hospital on February 25, 1881, and gave the following history:

On December 11th. 1880, he was struck in the left eye with a sharp piece of stone which penetrated the cornea, iris, and crystalline lens, destroying the eye. No treatment was instituted for three days, after which time a solution of acetate of lead was instilled into the eye, and poultices of slippery elm were regularly applied. The eye was intensely painful, and the pain involved all the branches of the ophthalmic division of the fifth nerve. Within a month after receipt of injury sympathetic disturbance began to show itself in the fellow eye.

This sympathetic disturbance manifested itself by photophobia, lachrymation, accommodative asthenopia, blurring of vision, etc.

At times vision became very poor in the right eye, but ophthalmoscopic examination revealed no pathological changes.

On examining the injured eye the following was observed. The eye was totally blind, quite painful, very sensitive to the touch, and quite soft.

There was evidence of an inflammation involving the whole uveal tract, iris, ciliary body, and choroid. The scar left by the injury reached nearly across the entire cornea. In view of the facts that the injured eye was totally blind, painful, and a cause of great suffering and also that it was a source of imminent danger to the fellow eye, enucleation was advised. To this the patient consented and in presence of the class of the Michigan College of Medicine Prof. C. J. Lundy enucleated the eye on the following day, February 26th. The operation was performed in the usual manner and was smooth and successful. The after treatment consisted of cold compress during the day, after which time a dressing of carbolized cosmoline, spread upon a piece of soft cotton was substituted, and the second day the socket was syringed out with carbolized water.

At the end of one week the sympathetic disturbance had almost completely disappeared from the right eye, and in two weeks the patient was discharged well.

Case 3. *Jæsch-Arlt's operation for Trichiasis.* —Mrs. B. C., æt. 52, widow, entered the hospital March 16th, at which time the following notes were made: About 32 years ago the left eye became inflamed, and three years later the right eye became affected, since which time the eyes have always been inflamed, irritable, and at times very painful. Although no diagnosis of her case had been previously made, yet the appearance of the lids, the atrophied and wasted palpebral conjunctiva, which was in part replaced by cicatricial tissue, left no doubt that the patient had been a victim of granular ophthalmia and its sequelæ. As is often the case the new-formed tissue had undergone a process of shrinking and contraction, which led to trichiasis with some incurvation of the lids. The trichiasis which was well marked involved the whole edge of each superior lid, and the eyes were kept inflammed and irritable by the constant rubbing of the cilia upon the eyeball. Indeed, the sight of one eye was seriously impaired by an extensive leucoma, resulting from corneal ulceration caused by this constant mechanical irritation.

Prof. Lundy advised an operation upon each lid; to which the patient consented, and in presence of the students on March 17th, Jæsch-Arlt's operation was performed on each superior lid as follows: The patient being under chloroform and Desmarre's clamp having been adjusted, the lid was seized with forceps, and with a Baer's knife the edge of the lid was split into two leaves for nearly its entire length. The outer leaf contained the cilia with their bulbs, the orbicularis muscle, cellular and fatty tissue, and integument. The posterior or inner leaf of the lid contained the cartilage, the ducts of the Meibomian glands, conjunctiva, etc. The incision which was carried upward through the edge of the lid for a distance of four to five mm. having been completed, another incision was made through the integument and orbicularis, down to the cartilage of the lid about four mm. above the cilia, and parallel to the free margin of the lid. A third incision, semicircular in shape was then made, above the second and connecting with the latter at either extremity, and the piece of skin included between these two incisions, was removed. By means of three sutures the integument was brought together and the outer leaf of the lid was rolled outward, and the cilia were thus turned away from the ball. Cold compresses were employed for twelve hours, after which carbolized cosmoline spread upon soft cotton was substituted. The sutures were removed on the fifth day. The patient made a rapid recovery, and in two weeks all signs of irritation had left the eyes, and the patient was discharged cured.

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Two Cases Gastric Disease.

CLINIC OF PROF. J. M. DA COSTA, M. D., PHILADELPHIA.

Case 1. This man is fifty nine years of age and a German; a plasterer by trade. He was admitted to the Hospital on the first of November in an extremely prostrated condition. Of his previous history, partly owing to his inability to communicate with us, and partly owing to his debility, we could only ascertain that he had been intemperate in his habits and had suffered from general dropsy for a space of two months some twelve years ago. His dropsy was then said to be caused by kidney affection, but the evidence that this disease had much to do with that of which he died was not very strong. After this dropsical period his health remained good until six months before his admission, when his appetite began to fail, and he was troubled with indigestion flatulence, and dyspnœa, and experienced a burning pain in the pit of his stomach. For the last two months these symptoms of pain and indigestion have been complicated by vomiting, especially in the morning, and occasionally at other times. This vomiting grew in intensity, and lately has become constant, so that he rejects everything; not only solids, but also liquids. We never saw blood in the matters ejected, yet he said that on a few occasions the vomit had a coffee-ground appearance. Bowels were very constipated. He had no motion at all during the six days prior to his admission. His condition upon admission was one of great emaciation; of extreme suffering from pain. His face was all drawn to one side and his complexion straw-colored. His conjunctivæ were slightly stained and he seemed older than his years. There was a marked *arcus senilis*. His abdomen was resistent, and rather full and there was tenderness at the epigastrium. I could detect no tumor. The fullness of the abdomen seemed to be due to the fullness of the recti muscles. There were very offensive eructations, with fetid vomit and glairy mucus. The tongue was dry and red, but not much coated. He was very weak. He remained in the hospital for a few days in this condition. Our attempts at nourishment were not successful. He threw up all the milk and lime-water which we gave him, and even the beef-tea; a moderate amount of stimulants, however, was retained. We tried to discover whether the entrance of food into the stomach produced pain, but it was hard to reach any conclusion regarding this point. A turpentine injection moved the bowels, giving rise to the evacuation of large masses. He rapidly grew feebler, a profuse sweat broke out, and he died in a state of collapse, the vomiting having prevailed to the very last, but there was no discharge from the bowels.

I wish to call your attention to the remarkable post mortem appearances. The liver was small, dense, and fatty—the liver of an intemperate man. There was a slight increase in its fibrous texture with fatty degeneration of the hepatic cells. The kidneys were somewhat harder than normal, but there was no degeneration of their structure. The urine was repeatedly examined, but with negative results. The heart was flabby and somewhat fatty.

But what symptoms had there been during life indicative of the remarkable lesion of the stomach as shown by the autopsy? Upon cutting that organ open at the cardiac extremity we found it slightly dilated, with very thin walls, and, as we progressed towards the pyloric extremity, we came across a big hole, due to a large ulcer which had laid bare and eaten away the muscles and the peritoneal covering, so as to establish a communication with the large intestine. It was an extraordinarily large perforating ulcer, communicating between the large intestine and the stomach. This gave us an explanation of the vomiting, pain and occasional coffee-ground appearance of the vomit. This explained why we were not able to detect the presence of any tumor. It is very strange that there was so little intestinal irritation. The history does not mention it at all; on the contrary, the constipation was constant through life, and the post mortem showed no peritonitis. The ulcer evidently did not cause much disturbance. Regarding the character of the ulcer I do not think that it is cancerous. The absence of thickening and of growth are against the idea of cancer. The stomach symptoms were marked and the intestinal symptoms obscure. There was no evidence whatsoever of peritonitis.

Case 2. You remember that this patient was before you last year. We were then treating him for dilatation of the stomach. You will remember that our treatment consisted in washing out the organ throughly with a slightly alkaline solution. As the patient is again in the hospital I have thought that you would be glad to see him once more. You recollect what remarkable success attended our treatment by washing out the stomach after we had tried all kinds of alteratives and tonics. We repeated this process of washing out every second day for three or four weeks, at the same time we gave small doses of nux vomica; under this regime he gained flesh, the vomiting ceased and he was able to digest his food. He remained well until quite recently, after leaving the hospital. He comes back with some of the same symptoms, but not in the same degree. He is also suffering from a large, irreducible hernia. The question which presents itself with regard to present treatment is: shall we resume the washing-out process, or, as the gastric symptoms are not so very prominent, shall we first try other methods before we subject the patient to this? On the supposition that this case is one of chronic gastritis and atony let us first try drachm doses daily of the tincture nux vomica in water at the same time his diet shall be strictly regulated. He must avoid potatoes, and take only a certain amount of solid food, such as underdone meat, oysters, and milk with lime water; after every meal he had better take ten grains of saccharated pepsine.

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Selections.

ON THE ETIOLOGY OF PHTHISIS.—Dr. Ed. Labbé: I might cite numberless cases of acquired tuberculosis. I would simply need peruse a list of the various diseases; thus, diabetes, cirrhosis, though more rarely, and other chronic diseases may be complicated with tuberculosis. All the various trades which oblige so many wretched beings to live in confined atmospheres, far from daylight, as in mines; those which expose one to breathe metallic or other sorts of dusts; furnish a large proportion of cases of that disease. Pregnancy, lactation, whooping cough, measles, prolonged dyspepsia, inanition from lesions of the œsophagus, can lead to tuberculosis. The rheumatic, cancerous, and syphilitic diatheses, are often complicated by tuberculosis, which induces their fatal termination. If all these are real causes, if we admit the identity of these various forms of tuberculosis, it may as well be granted that the constitutional disease scrofula, has a still more powerful predisposition to induce tuberculosis; scrofulous diseases, at an early period, are already superimposed on an impaired constitution. No difference, clinical or histological, exists between pulmonary phthisis of a scrofulous origin and other forms of phthisis.

The tissue in which the tuberculosis has developed may impart to the morbid process a different course; in this manner, pulmonary phthisis progresses more rapidly than a tuberculosis localized in the testicle, or on the skin, yet the tubercular lesion is the same. It is useless to insist on the greater risk of dissemination from highly vascular organs, crowded with lymphatics; according to Laennec, the softening of a tubercle is the most frequent cause of a general dissemination of the disease. We may add, that the rapidity of the softening and dissemination depends also on the exhaustion of the patient. To recapitulate: Let tuberculosis be local or general, it is always one and the same disease. The only specific character which could be ascribed to it would be its contagiousness, as is probable; but this would become the strongest argument against the diathetic character of tuberculosis.

As to hereditary descent, there is no doubt that a phthisical parent may start a phthisical progeny, but how few hereditary cases compared with those in which the disease is acquired! Not one in ten. Among the consumptive in my service, there is one in eight. We may refer the diseases to indirect inheritance (in this sense that a constitution congenitally weakened is more exposed to tuberculosis), but not the sort of inheritance observed in gout, in the *rheumic* diathesis (*dartre*), or in scrofulosis.

Scrofula, on the contrary, is most always inherited, and seldom acquired. Not a disease in itself, it is a predisposition to a group of maladies, differing by their seat and by their course, and identical as to their origin. In the same manner as one is a victim of the gouty diathesis before he has had gout, so one is scrofulous long before suffering from scrofulous swellings. But one is not tuberculous, because suffering from a dyspepsia, diabetes, or measles, though these might start pulmonary tuberculosis. Phthisis may terminate almost all the scrofulous affections, but it could not generate scrofula. Granting for a moment that the anatomopathological characteristics of scrofulous diseases consist in the tubercular granulation, the same difference remains between the diathesis (scrofula) and the disease (tuberculosis), as between the *rheumic* diathesis and eczema. Rheumic, scrofulous or artificial eczema, is always much alike; borrowing its difference from its etiology; the eczematous lesion is only one of the elenents of the disease.—*L'Union Médicale—Chicago Medical Journal and Examiner.*

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The Bromide of Ammonium.—The physiological effects of the bromide of ammonium formed the subject of a communication by Dr. Gibb, at the late meeting of the British Association for the advancement of Science at Cambridge. They were shown to be such as to demonstrate its value in a number of diseases in which the nervous system is functionally engaged, especially the ganglionic, accompanied by pains of a mild character. The mucous membrane of the entire body is brought more or less under its control according to the dose and mode of its administration. In some of the milder forms of skin disease it has also been found to be very serviceable. As an absorbent in glandular and other enlargements it is not inferior to its sister salt the bromide of potassium, whilst it is superior in some respects in the treatment of some other forms of disease. Dr. Gibb has under his care at the present time at the West London Hospital several cases of epilepsy in which very marked benefit has ensued from its use; in diminishing the number of fits —these cases will be given in detail on a future occasion. In mild forms of ovaritis with its attendant symptoms the bromide of ammonium has dispelled the latter as if by magic. Trembling nervousness and general uneasiness quickly subside under its use. It acts as an antispasmodic in this respect; for it not only calms irritation but allays nervous excitability. This has been particularly observed in various experiments and affords sufficient encouragement to proceed with a trial in more severe cases of nervous malady than have passed through Dr. Gibb's hands.

Its effects on the mucous (?) membrane of the eye were tested in treating cases of strumous ophthalmia in the young. These were found to be remarkably beneficial and decided. In one instance, that of a girl aged twelve, the subject of strumous conjunctivitis and corneitis with leucoma and other opacities accompanied with great intolerance of light, off and on for five years, a cure resulted in five weeks under small doses of this salt; and what was hardly expected the opacities were actually diminished when seen several weeks afterwards.

The bromide of ammonium possesses some absorbing influence on atheroma or fat and allied compounds. Persons who took it in quantities ranging from two to ten grains thrice a day were either in a state of moderate corpulency or possessed the atheromatous expression. The former while the general health continued unimpaired or improved further under its influence, seemed to get thinner; their adipose developement became decidedly less, the secretion from the oily sudoriferous glands was much modified and diminishes and altogether there was an improved appearance in the countenance which the persons themselves were quite aware of. This was not less marked in those undergoing atheromatous changes and there was seen in them besides a decided clearness of the eye; the face was brighter, the integument not being so greasy; the mind seemed more active and the bodily energy was greater.—(*London Lancet, vol.* 1. 1863.)

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Treatment of Cancer, Marsden's Plan.—Dr. Daniel Lewis, of New York, read before the New State Medical Society (transactions 1880), a paper containing a synopsis of thirty-two cases of cancer, treated after the plan known as Marsden's, which has been so successfully followed in the London Cancer Hospital for the past twenty years. The ages of the patients ranged from 29 years to 90. Twenty-eight cases were true epithelioma, one scirrhus of the breast, two lupus and one rodent ulcer. Four of the cases of epithelioma were on the lower lip, and three of them were cured by a single application. In the fourth case four applications were necessary. The cicatrix in each case was almost imperceptible. In eight cases the disease was upon the nose; in two it was on the chin; in one case the lobe of the ear was the seat of the disease. In all the cases the growth was removed, and in none was there a return of the disease. The plan is not applicable to all cases, and should never be employed in a case in which the cancerous tissue covers a space of over four square inches. It is claimed that the paste is elective in its action, destroying diseased, while healthy tissue resists its caustic effect. Dr. Lewis' experience furnished several examples of such cases. It is easy of application and is absolutely safe, if used as directed and carefully watched, as any powerful remedy should be. It is especially adapted to the treatment of surface epithelioma. The advantages attending its use are that it may be employed without consultation or pathological investigation, to every suspicious growth or epithelial degeneration and the disease removed long before the most ardent advocate of excision would think of operating. The following is the method of its application.

Two parts arsenious acid are mixed with one part of mucilage of gum acacia, forming a paste too thick to run. A diseased surface not exceeding one square inch (645 square millimeters), is to be covered with this paste, and a layer of cotton-batting superadded, to absorb the superfluous paste. The mucilage causes it to adhere firmly when dry.

Within twenty-four hours some redness appears around the plaster, and there is usually slight burning pain, which redness and pain continue until the desired caustic effect is produced, which usually requires from two to three days. The plaster is then loosened with warm water, and removed, when a distinct line of demarkation is found to surround the cauterized portion.

Warm bread and water poultices are then applied until the slough separates, which occurs in from three to twenty days, according to the depth and location of the disease.

A healthy cup-shaped depression remains which is to be treated as a simple ulcer; carbolized oil and strapping, in my experience, being the most useful remedies. Especial care should be taken to prevent unhealthy granulations, by the frequent application of nitrate of silver.

Should any disease remain under the slough, the paste should be re-applied as before.

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Use of the Calotte in the Treatment of Ringworm.—Mr. Balmanno Squire, in presenting to the Clinical Society of London a calotte (a piece of pitch-plaster spread on calico) used in the treatment of ringworm, stated that during a visit in the summer of 1879 to Milan he noticed in the vast hospital of that city (a hospital containing as many as 2000 beds) that there was a ward set aside for the treatment of ringworm. The physician in charge of this ward obligingly explained the mode of treatment adopted there. The calotte, which in other countries has become a somewhat obsolete contrivance, remains still in vogue in Italy. It is applied twice a week, and each time that it is pulled off, the head is painted with tincture of iodine, and a fresh calotte is at once applied. Mr. Squire, who had never seen a calotte used before, was much struck with its extraordinary capacity for achieving the wholesale eradication of diseased hairs. It appeared to him to effect a great saving of labor as compared with epilation performed with forceps, and he was surprised at the almost complete painlessness of the operation of pulling it off, even in the case of very young children. The exact degree of tenacity of the plaster is an important point, and must be different in summer to what it is in winter, and the plaster must be spread sufficiently thick. Mr. Squire had tried the plaster at the British hospital for diseases of the skin, and had found it an efficient epilator in cases of true ringworm.—*Clinical Society Transactions—Cincinnati Lancet and Clinic.*

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Sciatic Neuralgia Cured by Nerve-Stretching.—Dr. Norman MacKintosh, of Gunnison, Col., reports in the *American Journal of the Medical Sciences* for April, 1881, a case of sciatic neuralgia of sixteen year's standing, which resisted all ordinary therapeutic agents, and even grain-doses of morphia hypodermically had but a slight effect upon the pain. The paroxysms lasted from five to six weeks, during which time the patient could neither eat nor sleep; the intervals between the attacks became steadily more brief, and the suffering was almost constant. After laying bare the sciatic nerve, and forcibly stretching it, complete relief followed, and at the time of the report, four months after the operation, there had been no return of the pain, although the patient had been working daily on a farm, The wound healed by first intention.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

A Question of Ethics.

A question of ethics has recently agitated the English profession, nor has the question been without interest in this country. The Earl of Beaconsfield, as everybody knows, was taken sick a couple of months ago with what proved to be his last illness. He sent for Dr. Kidd, the gentleman who attended him during his memorable sickness in Berlin several years ago. Dr. Kidd, as everybody also knows, thanks to the Atlantic cable and the wonderful network of wires connecting with either end, is a homœopath, at least the homœopaths claim him, and the "regulars" do not dispute the claim. But Beaconsfield was really sick this time and something more than a relinquishment of wine and generous living was necessary. The Empress Victoria, between whom and her late premier there was a strong bond of friendship, becoming alarmed for his safety, requested one of her numerous family physicians, Sir Wm. Jenner, to call round and see him. Sir William, however, politely refused to meet Dr. Kidd. "I must decline the request," said he, "for between us no agreement is possible and compromise with me is impossible." Sir William Gull, the gentleman whose ethical irregularities in connection with the recent Guy's hospital affair brought down upon him the merited rebuke of the English profession, was then requested to see the earl with Dr. Kidd. But he too, although he recently defended conduct universally condemned, refused to meet the homœopath even when told that homœopathic treatment was no longer being followed in the case. The next person requested was Dr. Quain. Dr. Quain after much deliberation and some consultation with his friends, and after the assurance from Dr. Kidd that he had abandoned homœopathy in his treatment of the case, concluded to meet the latter at the earl's bedside. Beaconsfield hence died *secundem artem.*

Thus the matter was disposed of as far as the immediate necessities of the case were concerned, but Dr. Quain's conduct in consenting to meet the quasi homœopath was but the beginning of an acrimonious discussion on the ethical propriety of his having done so, a discussion which superadded to Sir William Jenner's and Sir William Gull's conduct is scarcely calculated to intensify the love of the people for regular medicine, and correspondingly gives homœopathy a boost among all who cherish the Englishman's proverbial love of fair play.

In our opinion the conduct of those who refused to meet Dr. Kidd was not justifiable under the circumstances. This gentleman although popularly known as a homœopath, himself repudiates the name and certainly a perusal of his little book "Law in Therapeutics" will exonerate him from the charge of dogmatism. It is true he treats most of his cases on the substitutive plan (the law of similars), but he by no means believes in the universality of the law. He does precisely in this regard what every intelligent physician does, he does what he honestly believes is the best thing for his patient. We believe he errs in his judgment regarding the extent to which he finds the "substitutive" plan (this is a better name than "homœopathic") applicable, but this is his privilege, and who are we that we should sit in judgment in an affair of conscience? In the case in which the "regular" medical gentlemen were requested to meet him in counsel he was not prescribing after the substitutive plan, and as he is an educated gentleman, we regard Dr. Quain's action in meeting him as not only ethically proper, but, higher than ethics, humane. It is a narrow interpretation of the code which runs counter to humanity. Had Dr. Kidd been treating the case homœopathically and contrary to Sir William Jenner's views as to the correctness of this plan, his "no agreement possible; and compromise with me impossible," would have been the only course possible, but under the circumstances we cannot endorse the rhapsodies into which some of our exchanges have worked themselves on this utterance.

If homœopathy is to be fought it must be through showing the people that the regular profession regard humanity as superior to ethics, and by their not regarding it as a crime, for an educated gentleman to believe that it is possible to abort an idiopathic affection by the substitution of an artificial. The time is coming, we believe, when homœopathy will be fought at the bedside, where alone it is possible to expose the fallacy of its acceptance as a universal law of cure. The plan of heaping abuse on the heads of its practitioners has, at all events, been proven a failure, and the time is ripe for some different mode of attack.

Miscellany.

TRICHINÆ IN THE HOLY LAND.—*St. Louis Courier of Medicine:* Biblical scholars will rejoice to find a sound scientific basis for the ancient Jewish prohibition of swine's flesh,—there exist trichinæ in the Valley of Jordan! Certainly hygiene was honored and obeyed under the Mosaic laws. No one familiar with sanitary science can refrain from admiring the simple and practical regulations imposed upon Israel by its great prophet and leader. To the ignorant, many of them seem arbitrary and savoring of priestly meddlesomeness, but the physician will always esteem Moses as one versed in the medical art, and his sanitary rules as in the highest degree rational and necessary. It would be an extremely interesting discovery to make, that in those early times trichinosis had been actually observed, and its connection with swine's flesh noted. Possibly some mummy of Pharaoh may yet give us a papyrus setting fourth in his obituary the danger of feasting upon bologna, or of being too rash in attacking the savory bacon.

Dr. John Wortabet, at Beyrout, sends a letter to Prof. Virchow (appearing in the *Archives*, March 7, 1881) describing an epidemic of trichinosis that occurred in the neighborhood of the sources of the river Jordan.

A wild boar, in fine condition, was shot in that region November 25, 1880, and his flesh eaten by a number of the inhabitants of a neighboring village; some was eaten raw, some only partially cooked. All these persons were infected. The boar's head was sent as a gift to a family elsewhere resident; this part was cooked three times before eaten, and although enjoyed by a number, none were affected.

Those infected exhibited in the third to the fifth weeks, as chief symptoms, œdema of the face and extremities, excessive muscular pain more or less fever, and great itching over the whole body. Every movement was painful. Convalescene from the fifth week on was slow and accompanied with muscular pain, swellings, and great debility. In some cases there was decided relapse. On Dr. W——'s arrival upon the scene, January 1, 1881, most of the sick had left their beds, some few were still very unwell. There were 202 persons affected—men, women and children. Six died. A bit from the biceps of the arm exhibited a great number of trichinæ.

The disease appeared in the most cases about two weeks after eating of the flesh.

The wild hog is common in the designated region, and lives, as do his less interesting kindred in other lands, in the swamps, feeding upon the roots of the papyrus and such small game as may be captured, notably the wild rat, which Dr. W—— thinks sometimes to harbor trichinæ. Trichinæ have been found, *horribile dictu*, in the wild hog of Germany, hence, as Virchow comments, it is not a matter for surprise that his biblical relation should boast of the same deadly inhabitants. Now, it will appear that the American hog can plead notable and ancient precedent for the late unpleasantness. French and German agitators take note.

AN EXCITING CONFLICT.—The *Canadian Medical and Surgical Journal* resurrects the following from an old paper. It is a description by Langhorne to Hannah Moore of an illness by which he was assailed:

"I am at present of no small importance in my own estimation, being just risen from the dead, a citizen of no mean city! The truth is, that for two months past I have been incapable of enjoying, and almost of attending to any one earthly thing; totally depressed, sunk down, and buried beneath a complication of rheumatic, scorbutic, nervous, and bilious complaints. These rebellious powers, like the Americans on their continent carried every thing before them in a very *unconstitutional* manner indeed. At last matters came to a crisis. General Bile was appointed commander-in-chief, and led the whole forces of Rheumatism Bay, Scurvy Island, and Nervous Province, into the very centre and heart of my dominions, and drew up his army in form of battle. I drew up my whole force in the following order:—First batallion, a body of Emetic Tartars, under the command of General Ipecacuanha. These fought with uncommon bravery for one whole day and a night, made prodigious havoc of the Biliary forces and took their general prisoner. A truce was proclaimed for twenty-four hours, when, it appearing that a large body of the Biliaries had secreted themselves in the lower parts of the country, I despatched the second battalion, consisting of foreign troops, chiefly of the provinces of Senna, Tamarind, and Crim Tartary, under the command of sub-brigadier-general Cathartic. These brave soldiers behaved with great courage and gallantry, defeated the Biliaries in fifteen pitched battles, and at last totally drove them out of the country. The above two battles lasted five days and five nights. The engagement was at first so hot that victory was doubtful. It was, indeed, a dreadful and a bloody combat, and I certainly can never forget it. On the sixth day a few of the nervous regiments were seen struggling, but being pursued by Colonel Cordial with the Jalap light horse, they threw down their arms. The troops of Scurvy Island concealed themselves in the woods and other inaccessible places. Thus, my dear madame, have I given you a circumstantial account of a most desperate and dangerous contest I maintained for my all. What were the battles of Bunker's Hill and Long Island compared to this? In my estimation, certainly nothing. I am now wondrous well."

PRECOCITY A SIGN OF INFERIORITY.—*Eclectic Medical Journal:* M. D. Delaunay in a communication to the French *Societe de Biologie*, has advanced the opinion that precocity is a sign of biological inferiority. In support of his position, he adduces the fact that the lower species develop more rapidly and are at the same time more precocious than those higher in the scale. Man is the longest of all in arriving at maturity, and the inferior races of men are more precocious than the superior, as is seen in the children of the Esquimaux, Negroes, Cochin-Chinese, Japanese, Arabs, etc., who are, up to a certain age, more vigorous and more intellectual than small Europeans. Precociousness becomes less and less in proportion to the advance made by any race in civilization—a fact which is illustrated by the lowering of the standard for recruits, which has been made necessary in France twice during the present century by the decreasing rapidity of growth of the youth of the country. Women are more precocious than men, and in all domestic animals the female is formed sooner than the male. From eight to twelve years of age a girl gains one pound a year on a boy, and in mixed schools girls obtain the first places up to the age of twelve. The inferior tissues and organs develop before the higher ones, and the brain is the slowest of all organs to develop. M. Delaunay concludes his paper by stating that the precocity of organs and organisms is in an inverse ratio to the extent of their evolution.

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Statistics Concerning Female Doctors.—At the commencement of the Woman's Medical College, in Philadelphia, some interesting statistics were given regarding the success of female physicians in this country. Of 276 that had graduated in the past thirty years, 32 had died, 31 had given up their profession, 151 were then practising.

The incomes of 24 were between $1,000 and $2,000; of 20, between $2,000 and $3,000; of 10, between $4,000 and $5,000; of 3, between $5,000 and $15,000; of 4, between $15,000 and $20,000, of 10, less than $1,000. The average income was $3,000.

Sixty-six were members of medical societies; 51 were married after studying medicine, and 61 before. Of 50 who were married, 43 reported that the practice of medicine had no unfavorable effect upon their domestic life; with 6 the effect was not entirely favorable; with one it was unfavorable; 3 were prevented by practice from marrying; 5 gave up practice on account of marriage.

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Tonsillotomy *vs.* Virility.—Dr. F. A. Dunsmore, of Minneapolis, Minn., contributes the following personal experience anent this question: "In the News of April 11th I notice the article headed "Tonsillotomy *vs.* Virility," and in answer to the suggestion for facts bearing on the case will say that I had enlarged tonsils from childhood. As the hypertrophy did not diminish I had them removed by Prof. Frank H. Hamilton, in February 1875,—total extirpation. Since then I have married and there have been born of the union three children, —a boy in May 1878 and twin girls in December 1880. From this I would argue that excision of the tonsils has no deleterious effect on the testicles. I regard my virility as still, O. K."

Instantaneous Silvering Mixture.—To coat copper or brass objects with silver, without difficulty or loss of time, the following process is given in the *Gewerb.-Bl. f. Ost-u. Westpreussen:* Mix 3 parts of chloride of silver with 20 parts of powdered cream of tartar and 15 parts of powdered common salt. Moisten a suitable quantity of the mixture with water and rub it with a piece of blotting paper upon the metallic object, which must be thoroughly clean. The latter is afterward rubbed with a piece of cotton upon which precipitated chalk is dusted, then washed with water, and polished with a dry cloth.

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Science for the Young.—The *Philadelphia Medical Times* has found some choice reading in a small manual used for children of eleven or twelve years old in the schools of Manchester, England. In one of them "the author explains scientifically the things of common life. Youths of twelve are quite ignorant of what jumping means. He tells them, 'jumping' or leaping is effected (1.) by the sudden contraction of the muscles of the calf, by which the heels are suddenly raised and the body jerked off the ground; (2.) by the simultaneous contraction of muscles which bend the thigh upon the pelvis; (3.) by the sudden extension of the legs by the contraction of extensor muscles, this movement following immediately on the two movements first described.' " Should this be called condensed milk for babes?

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Dr. A. A. Duncanson, Chicago: "Please excuse my neglect in forwarding the "sinews of war" against allopathic errors and homœopathic absurdities. I am pleased with your journal, while I think your medication could be improved; still you seem to be on the right track and bye and bye the desired improvement will come. We have too much microscope too little common sense; too much bacteria and other fungus and spore nonsense; too little cultivation of the powers of obseruation and study of disease in the living morbid patient; too much study of sewer gas and atmospheric vitiation, too little attention paid to the sewerage of the human system through the liver, kidneys, etc., etc.; too much attention to the morbid causation outside the body, too little to the disease producing effect of too much food either in quantity or quality; too much desire to consult new remedies, too little study given to the old and well qualified medicines of the pharmacopœia; too much study of disease in the books, too little in the sick patient and at the bed side; too much desire to supersede nature and effect the cure by the potency of medicine, too little endeavor to see what nature intends to do and enlisting ourselves on her side and helping her to do it."

An innocent query of mine in the January number of the News regarding the relations existing between Dr. Gibbons, the quackophobist, and Dr. Scudder, of Cincinnati, seems to have been very far reaching in its effects. It has called down on me some very choice maledictions, and I have frequently thanked my stars that my discretion prompted me to write *incog.* My random shot could not have done better had it been deliberately aimed. Dr. Gibbons now comes forward and asks me for a list of "a dozen or so of non-orthodox doctors in the East of whom he may speak respectfully without giving offence to any sanctified brother." He asks too much of me. My acquaintance is too limited. This much, however, I may say: let Dr. Gibbons select them by the rule which has made him famous as a stickler for ethics, and I'll swallow as many of them as he will—Scudder always excepted.

TRUE BLUE.

A catarrh doctor closes a circular which contains (*mirabile dictu*) not a single certificate of cure, with the following tangential flight of rhetoric: "When I look at that vast field, filled with the pale nations of the dead, and the bending stones covered with moss, I shed a tear and say: Ignorance ushered thousands there. They sleep under the solemn pines, the sad hemlocks, the tearful willows and the embracing vines. They sleep beneath the shadows of the clouds, careless alike of sunshine or of storm, each in the windowless palace. I have one sentiment for catarrhal people living or dead: cheers for the living tears for the dead." Here is something new, and there will doubtless soon be a market for "fine writers."

An exchange caters to the proverbial weakness of doctors for fast horse-flesh by publishing a statement of the "time" made by the noted "flyers" of late years. If it be permissible for such information to be given in a medical journal, the following, copied from another exchange, will not be objected to: Doctors can save their noble friend, the horse, great suffering during fly time by sponging him with a cold infusion of walnut leaves.

The French government has recognized the fact that there are other brave men than those who fight and kill their fellowmen,—that it is a brave thing for a man to risk his life in his efforts to save anothers as well as in seeking to destroy it. It has, therefore, voted a pension to the family of every physician who dies of an infectious disease contracted during attendance in a hospital, the pension being equal to that of the soldier who dies on the field of battle. This is well, but why stop at hospital physicians?

A typographical error (the substitution of a "t" for an "n") in a recent number of the NEWS has disturbed the mental equilibrium of the "presiding genius" is of the *Physician and Surgeon*—the disturbance manifesting itself in an effort at wit. And such wit!

A happy family, whose felicity rivals that of Barnum's, has been unearthed in Connecticut. It consists of two "allopaths," one homœopath and one eclectic, working lovingly together under appointment of the state legislature, drafting a bill to regulate the practice of medicine among the nutmeg doctors.

Dialysed iron (*N. C. Med. Jour.*) has been rejected by the committee on decennial revision of the U. S. P. The Hungarians, have, however, taken it into theirs. It is difficult to understand why our committee should reject this valuable preparation.

Dr. W. B. Jones. of Summerville, Ark., writes to the *Medical Brief* that twenty years ago he saw beef-tea recommended as a remedy in strangury. Since that time he has employed it frequently and with invariable success when there was no mechanical obstruction.

A new narcotic is reported from Queensland. It is known to the natives under the euphonious name "Pitchoury Bidgery." It belongs to the natural order of solanaceæ.

Book Notices.

PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M. D. Lond., F. R. C. P., Physician to Charing Cross Hospital, Lecturer on Pathology and Morbid Anatomy Charing Cross Hospital Medical School, etc. Fourth American, from fifth and enlarged English edition: with 188 engravings.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

Pathology and morbid anatomy being one of the demonstrable divisions of medicine there is little room for difference of opinion between writers on the subject, and the only thing that remains in noticing this book is to speak of its method. This we regard as unusually well calculated to meet the requirements of the student, and especially of him who is just entering upon the study of morbid anatomy. The arrangement is methodical and the consideration of the various divisions of the subject,—the varieties of morbid formations to which the various tissues are liable—is complete without prolixity. There is probably no book in the language better, if as well adapted to the requirements of the student.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY IN WOMEN. By S. Weir Mitchell, M. D., Philadelphia, Member of the National Academy of Sciences; Physician to the Orthopœdic Hospital, and Infirmary for Diseases of the Nervous System, etc., etc. With five plates.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

Dr. Mitchell is sufficiently well known to the profession to command for his book careful consideration. The work before us is arranged in the form of lectures, thirteen being given. They deal chiefly with the rarer maladies, or forms of maladies, of women. "Many of these are original studies of well-known diseases, and others deal with subjects which have been hitherto slighted in medical literature or which are almost unknown to it." The following subjects are treated: The paralysis of hysteria; Hysterical motor ataxia—Hysterical Paresis; Mimicry of Disease; Unusual forms of spasmodic affections of Women; Tremor—Chronic spasms; Chorea of Children; Habit Chorea; Disorders of Sleep in Nervous or Hysterical Persons; Vasomotor and Respiratory Disorders in the Nervous or Hysterical; Hysterical Aphonia; Gastro-intestinal disorders of Hysteria; The Treatment of Obstinate Cases of Nervous Exhaustion and Hysteria by seclusion, rest, massage, electricity and full feeding. The chapter on the latter subject is one of unusual interest, and is a fitting conclusion to a very readable and practical little book.

HYDROPHOBIA. By Horatio R. Bigelow, M. D., Member of the Medical Association and Licentiate, of the Medical Society of the District of Columbia. Price, $1.00.
Philadelphia: D. G. Brinton, 115 South Seventh St.

Hydrophobia is one of the opprobria of medicine, and any one who succeeds in throwing any light on the subject is a benefactor of his race. Dr. Bigelow's book is devoted to the consideration of the history, etiology, symptomatology, diagnosis, prognosis and treatment of hydrophobia.

He has given us a very excellent resumé of the literature on the subject, and has supplied a want in medical literature—a concise book on hydrophobia. "The remedies," he say, "on which the practitioner must base his treatment are curare, oxygen, and Turkish baths." He makes no mention of hoang-nan, lately mentioned as a possible antidote to the poison of rabies. Possibly he has had no opportunity of testing the merits of this drug.

With Dr. Bigelow's book the profession are enabled, at least to prosecute a more intelligent treatment of hydrophobia than has heretofore obtained.

A MANUAL OF THE PRACTICE OF MEDICINE, Designed for the use of Students and the General Practitioner. By Henry C. Moir, M. D. Price, $2.50.
New York: Industrial School, H. O. A., 187 E. 76th St.

This volume, we are told in the preface, comprises the substance of a course given by a well-known instructor to his private students as a preparation chiefly for competitive examination, and embraces also a careful resumé of such standard works as those of Niemeyer, Roberts, Loomis, Da Costa, Bristowe, Hartshorne and others. We should regard it as a peculiarly fitted to aid the student who is about to go up for his "final." With this book and a memory which is warranted to last one week no student need fear being "plucked" by any Board of Examiners. Its arrangement of symptoms is also very concise, and makes it an aid which the "rusty" practitioner might avail himself of with profit. The book contains evidence of care and labor in its preparation, and if works of this class are to be commended this one merits especial commendation.

ON THE ANTAGONISM BETWEEN MEDICINES AND BETWEEN Remedies and Diseases, being the Cartwright Lectures for 1880. By Roberts Bartholow, M. A., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. Price, $1.25.
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

The history of these lectures is already familiar to our readers. The lectures themselves appeared in the periodical literature as they were delivered. The thanks of the profession are due the publisher for presenting them in this permanent form and at such a reasonable price. We doubt not that the book will meet with ready sale.

HOW WE FED THE BABY. By C. E. Page, M. D. Paper, 50 cents, Cloth, 75 cents.
New York: Fowler & Wells, 753 Broadway.

This is a little work, written in popular style and intended for popular reading, on infant feeding and hygiene. It contains many practical rules and no little common sense. There are doctors who might be profited by its perusal.

Original Articles.

Cholera.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.
INSCRIBED TO THE ACADEMY OF SCIENCES, PARIS, FRANCE.

Palma non sine pulvere.

Cholera is an unsolved problem of medicine. The books throw absolutely no light upon its nature and give no clue to its proper treatment. No disease has been more written about. Its phenomena have been accurately described and its every feature graphically portrayed. Every man who has ever seen a case has tried his hand at conjecturing its nature, and the theories evolved have been as diverse from each other as the minds of those who have propounded them have been different one from another. It is useless, then, to refer to any of the false hypotheses that have been based upon erroneous conceptions of its cause. If the problem is to be solved it must be solved *de novo*. A correct interpretation of its phenomena as they are recorded will furnish the solution, and here the books supply some aid.

What are the phenomena of cholera? Three principal features are recognized as constituting the disease in its virulent form: vomiting, purging, and cramps. Conjoined to these are a number of minor objective and subjective symptoms. The disease does not come on suddenly, but is preceded by evidences of a prodromic stage, such as anorexia, languor, weariness, insomnia, perspiration and sense of chilliness, and fugitive pains. These phenomena, or rather the condition to which they are due becomes intensified under the continued operation of the causes which have produced it and results in the development of the full-formed disease. The symptoms accordingly change; anorexia is followed by nausea, and this changes to vomiting; the feeling of weariness in the calves of the legs becomes a pain, and the pain becomes spasmodic in its character, and changes to cramp. The vision is disordered; a humming is heard in the ears; the face becomes pale, the pulse feeble and small; sweats are copious; the evacuations are ejected with violence, and the contents of the stomach are forcibly thrown out. The heart beats or churns as though it would burst—a sound difficult to describe, but once heard never to be forgotten; it "thumps" as though it were imprisoned and was striving to burst through the walls of the chest. This tumultuous action of the heart can be accounted for, as it will appear by the complete paralysis of the right side of that organ. In consequence of the continued purging and vomiting the character of the blood rapidly changes by loss of its serum. The bowels act as a sluice-way for the watery portions of the blood to drain out of the body, while the corpuscular portion only is retained within the vessels and becomes thick of a dark color and tarry consistency.

Now other phenomena appear: the pulse sinks rapidly; the extremities become cold; the patient is restless and complains of intense thirst; the surface is bathed with sweat; the urine is scanty and the skin begins to assume a bluish or leaden hue. The evacuations become more copious; the thirst insatiable; the pulse thready, the breath cold; the tongue cold, pale and moist; the skin cold and shrunken; the hands and feet shriveled as if long soaked in water and of a livid color, especially at the nails, which seem almost black; the eyes deeply sunken; the conjunctivæ dry and of a dirty porcelain whiteness; the nose and lips blue and cold; the urine and tears suppressed; the respiration short, hurried, and oppressed. The intellect is generally clear and sound, but an extraordinary apathy is commonly evinced. The voice is changed and becomes husky and feeble. An effort seems needed to propel it outwards, and it sounds hollow, muffled, and indistinct to the patient himself. Post-mortem examination of the bodies of those who have died with cholera shows that the venules are congested, the veins engorged, and the right side of the heart and pulmonary arteries are distended with tarry blood that has been deprived of its serum.

An inquiry into these phenomena to ascertain in what form, manner and degree, in the light of a rational physiology, they constitute divergences from the healthy and natural performance of function must inevitably disclose the character of the disturbance that has led to the perturbation exhibited in the aggregation of symptoms designated by the name cholera.

Circulation is the function that first suffers derangement, and to appreciate the nature of the disorder of this function it will be proper to ascertain how its normal performance is effected.

A few sentences from Flint's Physiology ought to explain this matter:

"The capillaries are generally so small as to admit but a single row of corpuscles which move like beings endowed with volition. When the circulation is natural the movement is always quite slow compared with the movement in the arterioles. Here at last the impulse of the heart is lost."

"The circulation in the capillaries of a part is subject to such great variations and the differences in different localities are so considerable that it is quite impossible to give any definite rate which will represent the rapidity of the capillary circulation."

"There is a force in operation, the action of the heart, which is capable of producing the capillary circulation; and there is nothing in the phenomena of the circulation in these vessels which is inconsistent with the operation."

"The action of the arterioles is competent to produce all the variations which are observed in the capillary circulation."

The calcium light of a great intellect has been thrown on the subject and it appears as clear as mud.

All physiologists agree that the current of venous blood is maintained by the action of the right side of the heart, whose operation is compared to that of a pump. They admit that muscular contractions, the action of the diaphragm and the *vis a tergo* of the left side of the heart also assist in the propulsion of the blood through the veins. With singular unanimity, however, they overlook the chief motive power by which the blood is propelled through the vascular apparatus, to-wit, nerve force. That is, they take no cognizance of innervation and ascribe the performance of the circulation to some power inherent in the vascular organs themselves. In consequence of this it has come about that our latter-day physiologists regard all function as being mechanically effected, and that we have an instrumental physiology and not a vital one. The mainspring of all action in the human body is disregarded and left out of sight by them. In order, therefore, to appreciate the normal performance of the function of circulation it will be necessary to restore the omitted power. Accordingly I state as a physiological truth that the circulation throughout the whole of the vascular organs, in the heart, in the veins and in the capillaries is effected by the power exerted by the ganglia; that every atom of the ultimate tissue of these organs is affected by nerve force, and that the blood itself as a tissue of the body, is permeated by and influenced in its every corpuscle by the force derived from these nerves. This is a proposition that will scarcely be disputed. Hence if circulation is deranged it must follow that innervation has been disturbed. The symptoms which have been enumerated as present in cholera, denote that the circulation has been deranged and that congestion has ensued. Hence we must conclude that cholera is the result of disturbed innervation. This brings us to the application of the axiom: that whenever idiopathic passive congestion be present it denotes depression of the ganglia; and the intensity of the congestion will be the measure of the degree of ganglionic exhaustion.

In cholera the face is pale and not flushed, the conjunctivæ are clear and not injected, the surface is cold and not hot, the nails are blue or black and not purple. These differences distinguish the form of passive congestion present in the disease, and just one of the symptoms makes the distinction clear

It has been determined that the sudden pallor of fear, or the the blanched countenance of a fainting person is induced by the stoppage of the blood in the venous side of the circulatory organs. This slight signal is thrown out by nature to catch the eye, and furnishes the key to the location of the congestion in all diseases when pallor is permanently present, and the fact that the passive congestion of cholera is venous is established thereby.

The veins, for the purpose of explaining the phenomena of this disease, must be considered as a whole from their commencement in the periphery to their termination at the end of the pulmonary arteries, including the right side of the heart. And the arteries from the beginning of the pulmonary veins, including the left side of the heart to their termination in the peripheral capillaries, must be regarded as an entirety—as the whole of the arterial blood-carrying apparatus. This view bears out the recognized duality existing in the organs of the body.

These two divisions of the vascular apparatus are distinct in function and separate in action, and must necessarily be controlled by different sets of nerves which may be termed the veno-motors and the arterio-motors. These nerves can each in their own spheres be diversely affected either temporarily or continuously, or they may suffer from depression, which will be severe and prolonged.

If the whole veno-motor tract of nerves were gradually affected by depression until finally there was complete cessation of the nerve force derived from them, while the arterio-motor tract was not affected in the least degree the, condition presenting the phenomena of the collapse of cholera could be superinduced. Then the blood, as soon as it left the arteries and passed through the capillairy area would be cut off from the influence of nerve force and would congest in the venules. As a result of this stasis the serum would separate from the corpuscular portion of the blood within the vessels. Vomiting would take place because the stomach was congested. The serum of the blood in the portal veins would at first ooze out by exosmose through the distended follicles of the mucous surface of the small intestines. The accumulation would be discharged through the natural outlet. The acts of vomiting and evacuating the bowels would exert a pressure on the distended vessels that would squeeze out more of the watery portions of the blood to be in its turn ejected, and the exertion of this pressure would suffice to force the thickened blood along in the veins. These performances would be repeated until at length the blood would be wholly deprived of its serum, and there would only be enough of its volume left to fill the right side of the heart and veins to distension. The arteries and left side of the heart not receiving any blood from the veins would be empty, as also would the capillaries. The accompanying objective and subjective phenomena would correspond in manner and degree with the derangements of the circulation, and as the alterations of the blood and condition of the circulatory apparatus in the supposed case correspond precisely with those found in cholera, so the phenomena of this case would agree exactly with the appearances exhibited by this disease.

This superinduced state resembling cholera is due to a supposed veno-motor gangliasthenia. In cholera we find an idiopathic passive congestion. According to our axiom it must be due to gangliasthenia. If the congestion is venous it is due to veno-motor gangliasthenia. But we have shown that the passive congestion of cholera is venous, *ergo*: Cholera is due to veno-motor gangliasthenia, Q. E. D. Just as in the supposed case the congestion being venous it was due to the same condition.

How simple. The nerves move the vessels, the vessels move the blood. If the nerves cease to move the vessels (gangliasthenia) the vessels cease to move the blood (passive congestion.)

Nature is simple in all her operations. It is only in proportion to our ignorance that she appears mysterious. The mystery that has hung over the origin of this disease, and the failure of every effort that has hitherto been made to explain it is owing to the inquiry being in the wrong direction. The assumption of a specific poison at the outset has has been adopted by nearly all writers on the subject; consequently their efforts have been expended in trying to establish the nature and properties of an impalpable something whose existence is purely hypothetical.

The views here presented account for all the phenomena of the disease. The vomiting is due to congestion of the stomach; the serous evacuations proceed from the congested bowels; the cramps are reflected from the same source to the calves of the legs. It must be understood that the great nerve trunks which supply the extremities are of a mixed nature and the cramps occurring here or elsewhere are due to lack of co-sthenicity between the two kinds of nerves.

Animal heat is due to the action of nerve force. Normal heat is the result of normal nerve force acting on normal blood, normally distributed in a normal capillary area. In cholera none of the conditions essential to the generation of normal heat, or, indeed, of any heat, are present; hence hypothermy.

This explanation will answer for the diseases which are due to the same form of gangliasthenia, as cholera, but in a less degree of severity, to-wit: diarrhœas, cholera morbus and cholera infantum. To give a proximate idea of the degrees of severity of these diseases they might be compared thus: Positive, diarrhœa; comparative, cholera morbus, and cholera infantum; superlative, cholera.

The cause of cholera is the environment of the individual. Its epidemicity is accounted for by the fact that whole communities are subject to the same environment. The mildly gangliasthenic have their condition intensified by the continued operation of depressing influences until the shape of disease assumed develops into cholera.

The treatment of cholera has been as varied as the theories the disease have been numerous. The gamut of the materia medica has been run from A to izzard—from acid to zinc, to find a specific, and the formulas that have been devised are as numerous almost as the combinations of which remedies are susceptible. But all remedies have proved useless, and the patients still slip through the doctor's fingers and drop through the center out of the circle of their environment. The reason is plain, they have not understood the pathology of the disease. Strange to say by some fatuity the specific remedy has escaped their notice. Not even accident revealed it. Reasoning, observation and research expended upon the disease, its manifestations and various results would never disclose the remedy because they have not unfolded its pathology. The action of the specific divulges the secret of the disease. The physiological effect of a medicine solves the mystery enshrouding its pathology. This therapeutic agent so potent in virtues, so powerful in its properties never before suggested or hinted at, that is indicated by every symptom of the disease, that fulfills the design in fine, that fills the bill in every particular is the bromide of ammonium.

The therapeutic action of this medicine was discovered by its tentative use in disease, and the pathological condition which it met was deduced from watching its effects in correcting the condition. This is reversing the usual order of procedure, but "logic is logic."

Some bland idiot rises to explain that it acts by liquifying the blood, because ammonia is the only agent which will prevent coagulation of the blood. The idiots of the profession are incorrigible, and they will continue to liquify the blood. They do not understand and the idea will have to be inserted into their heads by means of a trephine.

The remedy acts as a sthenic; it energizes the ganglia and restores innervation, and all the evidences of deranged function disappear under its influence. It is as specific in the mild as it is in the severe degree of gangliasthenia, and thus not only exhibits its potency but proves that the shape of disease assumed its due to different degrees of the same condition. The following cases show this:

Case 1. Diarrhœa. Emma S., æt. 13, hands cool, face pallid, complains of weariness, nausea, slight frontal headache and pain in bowels, has frequent watery evacuations. Prescribed bromide of ammonium in ten grain doses every hour or two until relieved, and to be continued every six hours thereafter until restored. Recovery.

Case 2. Cholera morbus. Mrs. J. F., æt. 30, hands and feet cold, face very pale, complains of pain in calves of legs and aching in bones; had vomited often and violently, evacuations serous and forcibly ejected; pulse much reduced; features shrunken; had suffered from general feelings of illness and depression for sometime previous to attack. Prescribed bromide of ammonium in fifteen grain doses every hour until relieved, and to continue same four times daily until restored. Recovery.

Case 3. Cholera infantum. M. W., male, æt. six months, hands and feet cool, face markedly pallid, evacuations frequent, flooding the diaper, vomited with violence, ejecting fluid contents of stomach to some distance, much depression and great restlessness and distress. Prescribed bromide of ammonium in three grain doses every hour until relieved, to be continued four times a day afterwards. The little fellow, after a few doses, soon sank into restful slumber, and under the continued use of the medicine marched right along back into rosy health.

Case 4. Cholera. C. B., a farmer, æt. 36. Found this patient in collapse almost; face and hands of a cyanotic hue, voiceless, nearly pulseless—pulse a thread, body cold, cramps in limbs, fingers drawn and stiff, countenance choleraic, had been retching and purging violently for some hours; attack began on the previous day, but he had been feeling badly for a week or more. Gave him immediately twenty grain doses of the bromide of ammonium, and continued them every five minutes until he had taken a hundred grains. The remedy acted magically. The voice returned, the pulse became tangible, the surface warm, and the condition of the patient in every way ameliorated. The dose was continued every hour for six hours, and afterwards four times a day. Under its influence he made a complete recovery.

The gentlemen who have contributed to the formation of professional opinion on points connected with medicine, consider that it is illogical to argue from the single to the universal; to say that because a remedy has been efficacious in one disease it will prove so in all cases of the same or like disorder. The remark is correct, but the bromide of ammonium is an exception to the rule. This remedy is absolutely certain in its action. The administration of a dose of this medicine imparts the sweet consciousness that it can be relied on to perform the assigned duty without failure in all cases. There is no uncertainty of effect with it. There is no waiting to see how it intends to act. You administer a dose and announce with prophetic calmness: it will have such an effect, and the prediction is always fulfilled.

Here after many years is the solution of the problem presented by cholera. Here is the explanation and the remedy to which the Poréant Cholera Prize* belongs. The dire malady has at length found its match. This is the valiant David of medicine which is to overcome this Goliath of disease. This the ounce prevention which is worth tons of cure. *Palmam qui meruit ferat.*

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* In 1849 a French gentleman named Poréant left by will the sum of $80,000 to the Paris Academy of Sciences to be awarded to the person who would discover the cause or nature of Asiatic cholera, or point out a remedy which would cure it in the immense majority of cases. The writer of the foregoing article filed his claim to this prize in 1877, basing it upon the properties of the bromide of ammonium.

Vaccine Virus.

BY C. HENRI LEONARD, M. D., DETROIT.

The following we clip from *The Microscope:*

> Dr. Kewley of Chicago reports some cases where severe symptoms followed an ordinary vaccination, when bovine virus and ivory points were used. He usually vaccinates two persons with one double-dipped ivory point. Whenever one of these vaccination runs a normal course the other one does also; if one of the pair should suffer severe symptoms, the other would also. He has noticed that whenever the points present, to the unaided eye, evidences of blood or semi-purulent matter that they are invariably the source of much mischief, hence they are discarded altogether. A microscopical examination would have aided in the matter perhaps.

There probably is no subject connected with the practice of medicine, that is more blunderingly practiced by physicians than is vaccination. Simple as the slight surgical operation is, it is the greatest wonder to us why so many make such egregious errors, as they do in its performance.

The above clipping shows one of the phases of *non compos mentis* on the part of the physician.

In the first place, a point is intended but for one individual. We grant that there is sufficient virus to do two vaccinations often with one, but then, that does not invalidate our assertion.

In the second place, what is the use of *non-humanized* virus, if you will, as Dr. Kewley does, *humanize it?* The doctor could just as safely use a scab from an individual's arm, to vaccinate one with, so far as the danger of the transmission of syphilis *et hoc genus omne* as to attempt to vaccinate one with a point that has been used on some one else. It is impossible to prevent the blood, or lymph, or serum, from the one first vaccinated, overflowing the point, and so contaminating *both sides*, even were a point intended previously for two individuals.

In the third place, an individual should be vaccinated in more than *one place*. The Germans usually put the virus into three or five different points of the arm. Two places in the same individual are few enough for a successful vaccination.

Now here are three fundamental and vital points that Dr. Kewley violates in his vaccinations, and then tries to blame the virus.

Had the doctor used the microscope, as Professor Stowell suggests, he could have found an abundance of human blood corpuscles on his points, after his first vaccination. Maybe this might have accounted for some of his "irregular workings."

Now as to the doctor's assertion that "he had noticed that whenever the points present evidences of blood etc., that they are undoubtedly the source of much mischief: in contradiction of this assertion we quote from an article in the *Chicago Medical Review*, written by Dr. G. C. Willis, of New York City. We do this, because Dr. Willis experience agrees exactly with our own, and that his article was written directly in answer to Dr. Kewley's attack. He says:

With all due deference to Dr. Kewley's judgement in discarding points which have a few red blood corpuscles thereon, I, myself, fail to see any necessity for so doing, and therefore use, with impunity, the most sanguinary looking, which, thus far, have been quite unproductive of any mischief whatever. Where I to be vaccinated I should infinitely prefer to have one of those "suspicious looking points," as he terms them, devoted to me, exclusively, rather than he should use the most innocent which had, previously, been employed, on one side, for the vaccination of another person.

We do not wish to be understood, by this, as claiming that points showing traces of blood, are the most reliable, not by any manner of means; but that slight traces do not hurt the point, if it has been properly prepared.

Doctor Kewley's statement that where on dual vaccinations, one runs a normal course the other does also, is certainly contrary to my experience when using points, dipped from the same vesicle, at the same instant, and on different individuals; or the same point in two places on the same individual. Either the doctor has had very little experience in vaccinating, or else knows nothing of what he is writing, or else his vaccine is entirely different from ours. In our use of points it is not at all uncommon to have the widest variation in action from the same package, when used on different indivinuals, owing, not to the difference in virus, but to the different idiosyncrasies or environment, if you please, of the individuals themselves; also to have the same point, when used upon two scarifications, fail entirely in one place, and work in the other; or work moderately in one place and severely in the other; not that there was a difference in the virus, for there could not be, but that one place was better inoculated than the other, or one was irritated more, by patient and clothing, than the other. For it is the irritation and rupture of the vesicle, not the virus, that makes large ugly sores and scars in vaccinations.

GRADES OF VACCINE.

Vaccine is sold in the form points, crusts, quills, cones and powderd crusts.

Points are of several grades, these grades being established either by the length of time removed from the cow, or by being single, double or triple dipped. The XX grades are the best and cheapest, in the long run, as they are almost sure of "taking" if properly applied. In my own practice I have not had a single case of failure in nearly four years. This is the same grade that is shipped all over the world, being the only grade that will stand the journey to Central America, China, India and Australia. The grade X is a cheaper one costing only half as much though more liable to fail, from the reasons above given.

Quills and cones I never have used. Crusts and powdered crusts I have occasionally employed, but do not like them when points can be obtained, for reasons soon to be given. It is a cheaper grade of virus. The powdered form is the most reliable, but it cannot be sold in small quantities.

Points, though costing, at first a little more should, by all means, be preferred to other forms of bovine lymph, except quills. A good quill is as reliable as a good point; though points, for our own use, are preferable (mere convenient.)

The virus points are preferable to crusts, as 1st. Points are taken when the vesicle (not pustule) is at its best stage; hence lymph only, in its most active state, is preserved upon them.

2nd. The substance used (ivory) can probably give no deleterious influence to the scarified arm-surface.

3rd. No chance of *pus* to be present, as may be in the case of crust-using.

4th. The point is thrown away as soon as used, hence no chance of infecting one individual with another's blood (unless you do as Dr. Kewley did, which is no way to use points.)

5th. More reliable than crusts, for a whole crop of crusts may fail to work, although no untoward symptoms may have developed in the animal during the run of the vaccine fever. Crusts, being taken only from three to four weeks from date of inoculation, may contain more pus than lymph, epithelial scales, dirt, blood or morbific agents. May be chilled, or over-heated, or vesicles ruptured and the best of the lymph escape, in spite of the constant care of the propagator.

HOW TO USE VACCINE.

Scarify the arm in two places; do this in the region of the insertion of the deltoid. Do not scarify too deeply, but just sufficient to draw a drop or so of blood. Make this scarification with a clean lancet, or, what is better, with an ordinary sewing needle held in a surgeon's needle-forceps then throw the needle away, (no possible chance for inoculation of one person's blood with another when this plan is pursued.) After scarification put a drop of water upon the point, rub one side thoroughly into one scarification, and then the other side of the point into the other scarification. Make this rubbing process for fully a minute so as to be sure the lymph is all dissolved from the point. (Lymph is slow to dissolve.) Then dry thoroughly the plasma of blood and lymph, on the face of the scarification, by the fire, and use no court plaster. When you use court plaster, the lymph adhers to that, and when the plaster is torn off, through the friction of the clothing, the virus goes with it.

Crusts should be used in a similar way, substituting a small portion snipped from the central portion of the crusts, for the point.

BLUNDERS. (ACTUAL CASES.)

Having dealt extensively in vaccine virus for the past five years, I have had a good many styles of complaints to put up with.

One practitioner growls because he can't scarify the skin with the point itself, and wants us to furnish him some "decent stuff."

Another says he can't stick the point under the skin, and make it stay, and it gives too much pain.

Another vaccinates five or six with one point, and growls because the vaccine is worthless. This is *a la* Dr. Kewley. We know of an instance where six different persons were successfully vaccinated with one point, and probably as successfully inoculated with five different kinds of human blood.

Another says he can't scrape the lymph from the points so as to use it to advantage.

Another condemns our virus as worthless, when he makes a big gash in the arm, and rubs the point once or twice across the surface, not giving the lymph time to dissolve, or if it did dissolve the outwelling blood would wash it all away.

Another growls that a crust is worthless, when examination shows he has not touched the crust at all, but has simply whittled away a portion of the soft rubber, on which the crust is stuck, and rubbed this on the patient's arm.

Another whines of centimal failure when he has cut only the outside, or epithelial scales, from the crust, and tried to vaccinate with this, and so on, almost *ad infinitum*, until the propagator stands in need of the patience of Job to keep from crying out against the major portion of the profession as a set of ignoramuses.

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Intestinal Hernia of Ilium Passing through a Rent in the Sigmoid Mesocolon.

BY J. M. DILLER, M. D., CLEVES, OHIO.

A case reported to the Dearborn County Society, Indiana.

On the 23d of April Mart. K., colored, æt. 33; occupation, coal shoveler; was taken with spasmodic colic, (this was believed by the family to be the cause of the pain), at about 4 o'clock A. M. Thinking that a dose or two of paregoric would relieve him, he sent his wife to the drug store to get him the medicine. Under the direction of the druggist as to dose, he had taken an ounce without relief of his suffering when he sent again for a fresh supply.

The druggist advised that a physician be called in, and I was sent for in the afternoon of the same day. I found the patient suffering with a pain in the umbilical region, with some tenderness on pressure. There was no fever; pulse full and slightly tense; anorexia; had had one small stool in the morning.

I gave him a hypodermic injection of morphia and a dose of chloral hydrate, and also left a cathartic powder to be taken at bed time.

I was called again at 4 o'clock on the morning of the 24th. Found patient suffering considerably, but had rested well the fore part of the night. His bowels not having moved I gave him an enema; repeated also the hypodermic injection of morphia and dose of chloral. I called again at noon and found him resting well. No pain, except on pressure over the abdomen, and then but very slight. Vomiting occasionally. I gave bismuth with morphia to allay the vomiting. Called again at 6 P. M. Still vomiting after taking food or drink, but would retain the medicine for a short time. The bowels still not acting I gave another enema, but again with no success. I then examined the abdomen more carefully with a view to finding some sign of obstruction, which I now believed existed. To differentiate the kind of obstruction: was it intussusception? The chief symptoms, a fixed pain, with elongated tumor to be felt on palpation, bloody mucous stools and tenesmus being absent, we excluded this. We also excluded inguinal and femoral hernia by the absence of a tumor in the inguinal or femoral region. Was it fecal obstruction? As there were no other symptoms than constipation that pointed to fecal accumulation, and as this would be present in any kind of hernia, the cause of the obstruction remained obscure, as did also the seat of the obstruction. As the bowels are sometimes twisted upon themselves in spasmodic colic, thus giving rise to similar symptoms, and as we may also have spasmodic action of the intestinal coats producing obstruction, which is readily overcome by proper medication, I could not, by exclusion, arrive at a diagnosis.

Morning of the 25th. He had been vomiting occasionally through the night; there was no pain; abdomen not tender on pressure; slight depression. I ordered eggnog to be taken every hour, if retained. I inverted the patient and gave him an enema which would, however, pass from him as clear as when injected.

Twenty-sixth. The enema was given at noon and night, but with no result. There were no material changes in the general condition. Morning of the 27th. The vomiting had became stercoraceous. The blandest food, medicine, water, and everything that was taken in the stomach was vomited. No pain; depression more marked.

Morning of the 28th. I found the patient gradually sinking; mind beginning to wander. Death at 3 o'clock in afternoon.

Autopsy 19 *hours after death.*—Rigor mortis. When the intestines were brought into view at the right flexure of the transverse colon, a space about 3x1½ inches, was found to have a dark translucent appearance, as if it had been the seat of a chronic inflammation of long standing. After searching the bowel in every direction for the obstruction and finding no fecal accumulation, nor twisting, upon turning the intestines out of the pelvic cavity at the junction of the rectum with sigmoid flexure, there was found a slit in the sigmoid mesocolon on a line with the promontory of the sacrum. About three feet of the ilium had passed through the slit. The bowels were otherwise healthy, no inflammatory action had taken place in any other portion.

Suggestions to the Medical Student.

BY J. L. VALADE, M. D., NEWPORT, MICH.

The season is rapidly drawing nigh when the medical colleges will issue their announcements for the session of 1881–82, and medical students are already considering the question of where they shall attend during the coming winter. This is often a perplexing as well as an important question. Having many years ago gone through this ordeal, a few words dictated by my experience may not be amiss.

In the first place the ruling desire in this railroad age is to secure the largest returns for the smallest outlay. This is as true in the case of the medical student as in other pursuits. What the college student most requires to fit him for practice is practical knowledge. He can acquire the theoretical from his text books but the practical can only be derived where special opportunities to that end are afforded. These opportunities consist of abundant facilities for anatomical and clinical studies. Without these it is folly to talk of a proper medical education.

The supply of anatomical and clinical material being sufficient for the student it is necessary that the teachers should properly conduct his study of it. To this end the classes should not be too large. A class of over one hundred cannot be properly taught in practical medicine. As a general rule medical teachers like to talk to large classes but this gratification is at the expense of the student.

To secure the proper clinical material the medical college must be situated in a large city. A school in a small place may by dint of effort secure a considerable clinic, but the cases are principally of the chronic variety and when seen by the student more than once it is at long intervals. The proper material is the more acute cases which can be seen frequently, and in which the effects of medication and the peculiarities of the disease may be noted. Such material is alone furnished at the larger centres of population and in clinical hospitals.

Another advantage accruing to the student from an attendance at a college in a larger city consists in the collateral benefits from a residence in such a city. Without necessarily divesting his attention from his medical studies he has an opportunity from the free contact with men there afforded of acquiring such knowledge as is only inferior to a medical education in fitting him for the successful practice of his profession.

In selecting the college which he designs for his alma mater the student should have a regard to the permanency of the institution. Many schools are started throughout the country as mere experiments and others have resting over them clouds which threaten their eventual dissolution. A diploma from a defunct college is a mortification to its possessor. Two important questions, therefore, for the student to ask in selecting his college are, (1) Has the corporation a realty? Nothing is better calculated to secure the permanence of a college organization than its ownership of the property in which it dwells. (2) Is its escutcheon free from taint of professional irregularity. The profession is very jealous of its honor, and will brook no compromise on this matter. The institution which plays the rôle of the time server and is ready to exchange its birthright of strict professional integrity for a mess of potage must, as the profession is pure minded and jealous of its honor, sooner or later be bereft of professional support. It may for a time through specious arguments, low fees and other devices retain some support, but *mene, mene, tekel upharsin* has been written on its walls and its days are numbered. The physician's alma mater must be *sans peur et sans reproche.*

Selections.

KOUMYS.—As a dietetic in diseases accompanied by great waste of tissue, this article has been so much lauded and has come to us so highly recommended that we saw in it at once the great desideratum to sustain the sufferer from phthisis, whose stomach would revolt against almost any and every food; as also the subject of uterine and ovarian troubles, who is vomiting at the mere mention of food; the cachectic of cancerous affections, and those afflicted with acute disease accompanied by gastric irritation. Its richness of nitrogenous matter together with alcohol and free carbonic acid gas made it appear a substitute for the much prized champagne, while to the advantages of the latter were superadded the facility for administering the mildest kind of food to stay the destructive metamorphosis.

But while we heard the marvelous reports of of results with the treatment by koumys, of which the patients were said to grow so fond as to adopt it for their favorite beverage, we were greatly discouraged by the experiments with the artificially prepared domestic article. Either if prepared with imported ferment, we found it of such offensive odor as to preclude the idea of even a healthy stomach accepting of it, or if fermented with brewer's yeast in the usual way, it was little more than a mixture of vinegar and sour milk, heavily curded and indifferently effervescing with carbonic acid gas, often and largely contaminated with the unpleasant odor of decomposing cheese.

To the efforts of Dr. L. Wolff is due the success of rational method for producing at a trifling expense a koumys (see *American Journal of Pharmacy*, June, 1880), which has a similar composition as the much extolled Russian milk-wine, of a pleasant taste and richly effervescent with pure carbonic acid gas, refreshing to the stomach, devoid of much coagulated casein, while by its contents of alcohol and nitrogenous substances it is a valuable nutriment, readily borne by even the weakest stomach. Dr. Wolff has published his formula as above stated, so that every pharmacist or physician, or nurse, and even patients themselves, with a little skill, can easily prepare it, and we would advise colleagues who have been disappointed in former trials, or have not yet employed it, to use it as above prepared, and we do not hesitate to proclaim that they will adopt it as a valued ally in such cases as above enumerated. For the benefit of those not familiar with the formula, or who have not seen it in the paper mentioned, we republish the formula below:—

Take of grape sugar half an ounce; dissolve in four ounces of water. In about two ounces of milk dissolve twenty grains of Fleishman's compressed yeast, obtained at any grocery store, or else well-washed and pressed out brewer's yeast. Mix the two in a quart champagne bottle, which is to be filled with good cow's milk to within two inches of the top; cork well, and secure the cork with strings or wire, and place in an ice chest or cellar at a temperature of 50° F., or less, and agitate three times a day. At the expiration of three to four days at the latest, the koumys is ready for use, and should not then be kept longer than four or five days. It should be drawn with a champagne siphon tap, so that the carbonic acid gas may be retained and the contents will not entirely escape on opening the bottle.—*Medical Bulletin.*

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CROUP AND TRACHEOTOMY.—Dr. Mastin, (*Annals of Anatomy and Surgery*—*N. Y. Med. Journal*) from a study of a large number of cases of *tracheotomy in croup*, has arrived at the following conclusions: 1. That procedure is the best which dispenses with the cannula, or any mechanical appliance whatever, placed within the trachea, and hence the excision method, or separating the wound by wires or threads passed through the lips of the divided trachea, is to be preferred, and appears to be based upon the soundest surgical principles. 2. Tracheotomy *proper* is to be selected in all exudative inflammations of the windpipe. 2. The low operation is preferable, on account of the greater diameter of the trachea at its middle in children, the upper portion of that tube near and at its juncture with the larynx, being more contracted in early life; and, again, the farther down the opening, the more apt it is to be lower than the obstructive exudation. 4. The recumbent position of the patient, with the neck raised and somewhat extended, offers the easiest position for operating. 5. An anæsthetic is most desirable, and preference should be given to chloroform, or account of its less irritating properties. The condition of the patient in the first stage being favorable for the use of an anæsthetic, this is readily administered, and but a small quantity is required to produce unconsciousness, which state should be just reached; for if reflex action is wholly abolished, the surgeon loses the valuable aid of cough in notifying him of blood passing into the trachea, and in expelling it therefrom. In a word, an obtunding of the cutaneous sensibility is all that is required. 6. The skin wound should be of sufficient length to permit of easy recognition of the underlying tissues, and for a proper dissection in reaching the windpipe. 7. As much rapidity as consistent with care and safety should be used in executing the operation. 8. Make the operation as nearly bloodless as possible: therefore, lay aside the bistoury after the first incision, and, by means of the knife handle or director, scratch or tear a road to the trachea, staunching all oozing before incising the tracheal tube. 9. The opening in the windpipe should be covered with a thin gauze, and a moist atmosphere with a moderately warm temperature should be maintained in the apartment. 10. Most careful nursing, by an experienced attendant, and frequent cleansing of the edges of the wound, or the inside cannula, are indispensable. 11. When the acute symptoms have subsided, make frequent tests of the laryngeal respiration, and remove the cannula as soon as breathing can be carried on by the larynx. Hence the rule should be to remove the cannula at the earliest moment. 12. The cannula should always be double, the tube revolving in the neck shield, of a short curve, beveled edges, medium length, and a diameter sufficiently large to fill but not distend the trachea. 13. Advanced asphyxia, even where death has apparently taken place, should not deter the surgeon from operating. 14. Marked attacks of dyspnœa, which are found to be unconnected with obstruction of the cannula, require an early and thorough search for casts of membranous plugs below the opening.

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Ocular Symptoms in Different Diseases.—Dr. Gorecki, as quoted in the Glasgow *Medical Journal*, has tabulated his views as follows:

Blepharoptosis, or the falling of the upper eyelid, indicates paralysis, complete or incomplete, of the third pair.

Lagophthalmos, or inability io close completely the palpebral fissure, is a sign of facial hemiplegia, idiopathic or a symptom of cerebral disease.

Strabismus occurring suddenly, and accompanied by diplopia, is most frequently the result of some cerebral affection.

Xanthelasma (a yellow lamina sometime met with in the skin) of the eyelids, occurs in certain altera- of the liver.

Sub-conjunctival ecchymoses are frequently in whooping-cough, and may sometimes, at the beginning of the complaint, clear up a difficult diagnosis.

Redness of the conjunctiva, watering of the eye, etc., indicate in the child the outbreak of some eruptive fever, particularly measles. The prognosis is favorable if the tears come when the child cries, but fatal if the secretion of the tears is arrested.

Spots on the cornea are often an indication of a strumous constitution.

Dilatation of the pupil, or midriasis, indicates excessive fatigue, the existence of intestinal worms, meningitis in the second stage, or a true amaurosis. The dilatation is most frequently connected with atrophy of the optic nerve. It is seen also during an attack of epilepsy, on coming out of chloroform, after belladonna poisoning, etc.

Unequal dilatation of the two pupils points to the onset of general progressive paralysis.

Contraction of the pupil is one of the early symptoms of *tabes dorsalis.* It is met with also at the beginning of meningitis, in opium poisoning, and in the first stage of chloral poisoning.

Deformation of the pupil, particularly after the injection of atropine, indicates an old iritis, in nine cases out of ten, of syphilitic origin, if not depending on some disease of the neighboring parts.

Cataract in subjects under say forty or fifty, is frequently of diabetic origin, and constitutes soft cataract.

Finally the ophthalmoscope enables us to recognize the retinitis of albuminuria in Bright's disease, of simple polyuria, and sometimes in the case of women during pregnancy. Retinal hemorrhages, œdema of the retina, and embolism of its central artery, are sometimes met with in organic affections of the heart. Optic neuritis and perineuritis and atrophy of the disc are symptoms of syphilis, or of tumors in the neighborhood of the cerebellum or the *corpora quadrigemina.*—*Medical and Surgical Reporter.*

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A New Silver Salt in the Treatment of Organic Nervous Disease.—Allan McLane Hamilton, M. D., of New York, makes the the following communication to the *London Lancet:*

About three years ago it occurred to me that the combination of phosphorus with silver might well be worth trying. I therefore procured a sample of the tribasic phosphate of silver. The tribasic phosphate of silver possesses advantages over the other silver salts which entitle it to a fair trial. I have given it for months in doses varying from one-third to half a grain without any skin discoloration whatever, and its administration is unattended by the gastric irritability that so often follows the use of either the nitrate of silver or the phosphide of zinc. At the same time its therapeutical effects are much more pronounced. It is best given with some such excipients as argol and glycerin, for vegetable substances tend to decomposition; and for this reason I have discarded the confection of roses as an element of the pill mass.

In the first edition of my work upon Nervous Diseases I directed attention to the probale advantages of this drug, especially in sclerosis of the posterior columns. The experience of two years has convinced me that it is my duty to urge others to make use of the remedy. In two classes of cases it has proved to be of great value:

1. In those of more or less acute myelitis with disturbance of the bladder and rectum. Not only in such cases of transverse disease has there been a decided improvement in the matter of control over the functions of these organs, but there has been a decided gain in the muscular power. This has been conspicuous in a very remarkable case of chronic meningo-myelitis seen in consultation with Dr. Todd, of Ridgefield, Conn.

2. In cases of sclerosis of the nervous substance. In seven cases of posterior spinal sclerosis there has been a subsidence more or less in the violence of the pains, and in those who have taken the remedy for over a year the power of locomotion is materially increased.

In six cases of inveterate epilepsy, as the result of gross inflammatory intracranial changes, the patients have been relieved, judging from the diminution in the number of attacks.

I am now giving the drug to patients with cerebral tumor and general paralysis, and while it would be out of the question to expect anything like permanent cure in such hopeless diseases, I do believe that a persistent and proper use of the silver salt will do much more for the patients than any of the drugs hitherto used.

SALICYLIC ACID, UNTOWARD EFFECTS OF.—The following cases recently reported admonish to care in the employment of salicylic acid in rheumatism, that the symptoms of the disease be not confounded with those due directly to the medicine:

It has been observed that cases of acute rheumatism treated by salicylic acid have been followed by delirium. Dr. Bastian in the report of six cases treated in this way and accompanied by delirium, gave as his opinion that Dr. Murchison was probably wrong in attributing these symptoms to uræmia. Dr. Acland believes that when the delirium is the result of the salicylic acid treatment, and not a natural sequence of the disease, uræmia may play an active part in its causation. As a rule, the treatment, according to Dr. Acland, was followed by a decline in the temperature. The decline in the temperature was generally coincident with, or followed by,a marked diminution in the excretion of nitrogen, which except in very minute quantities, is wholly excreted as urea. The lowering of the temperature, diminution of pain, and lessened excretion of urea, were nearly coincident.—*North Carolina Medical Journal.*

It is known that after large doses of salicylic acid, symptoms of cerebral hyperæmia as presented by ringing in the ear and vibrations before the eyes, frequently make their appearance. In one case I saw instead of, or in connection with these symptoms, insane ideas become developed, which, it is true, could be explained by the illusive hearing, and which threw light upon the subject of the development of hallucinations and confirm the views of Stricker on this point.

The patient, 36 years of age, had an attack of acute articular rheumatism, and took for seven days (90 grs.) 6.0 of salicylate of soda daily, making altogether 42 grm. (one and one-fifth ozs). On the fifth day he complained of slight deafness, on account of which I ordered the medicine to be taken at longer intervals, without, however, discontinuing it entirely. On the sixth day, the patient, who had been free from fever since the third day, began scolding in such a manner that his wife, who could not understand this symptom, judging by his former conduct, thought he had become suddenly insane. He had, as he said afterwards, hallucinations of seeing people; lighted a candle to recognize them better, threatening them with the police, etc. As after the discontinuance of the salicylate of soda, the symptoms did not return, and as they had never appeared before, it must be assumed that they were caused solely by the drug. This had produced a cerebral hyperæmia, and caused an irritation, among other parts, of those which govern ideation, sufficiently to affect volition.—*Berliner klin. Wochenschr,* No. 6, 1881.—*International Journal of Medicine and Surgery.*

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CATARRHAL DIPHTHERIA.—Marx, who has, under the superintendence of Professor Oertel, studied a series of these cases, defines catarrhal diphtheria (*Archiv für Klin. Med.*, band xxvii., heft 1, 2) as that form in which there is only superficial and limited diphtheritic membrane combined with simple catarrh of the mucous membrane, slight constitutional symptoms, inconsiderable glandular swelling, and limitation of the disease to the throat. That it is a true diphtheria, he considers, is shown (1) by its clinical character; (2) by its not unfrequently passing into the severer forms; (3) by its infective power; and, lastly (4), by its microscopic pathology. The disease begins with slight fever, malaise, and pain in swallowing. The mucous membrane of the throat at some part, generally the tonsil, is swollen, red, and has on it one or more grayish spots like hoar-frost. These spots are superficial, limited, and disappear in two or three days, rarely lasting six days; unless, as sometimes occurs, the disease passes into the severe form with thick and spreading membrane. Microscopically, these spots are found to consist of colonies of micrococci, which pass through the comparatively unaltered superficial epithelial layers into the deeper layers where the cells are swollen up and contain large nuclei. After twenty-four hours, pus forms in the deeper layers, and the superficial layers are thrown off. Catarrhal diphtheria differs from the severe form in the absence of a fibrinous exudation between the epithelium, and from simple catarrh of the mucous membrane by the presence of micrococci in place of the numerous organisms in catarrhal muco-purulent secretion, such as leptothrix buccalis, oïdium albicans, etc. In the treatment of this affection, the author recommends (1) immediate isolation of the case, notwithstanding apparent mildness; (2) frequent inhalations of steam; and (3) disinfection of the mouth with gargles, etc. Astringents ought to be avoided as checking the separation of the membrane, which is furthered by a rapid formation of pus under the influence of warm inhalations.—*London Medical Record.*—*Monthly Abstract.*

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NEW FACTS REGARDING THE USE OF THE BROMIDES IN EPILEPSY.—Dr. A. Hughes Bennett (*Edin. Med. Jour.*, February, 1881, p. 706) says that the general circumstances of the individual are to be studied; his diet, hygiene, surroundings, habits, etc., if faulty, are, when practicable, to be improved. The bromides, when ordered, are to be taken without intermission. The minimum quantity for an adult to begin with is thirty grains three times a day,—the first dose half an hour before rising in the morning, the second in the middle of the day, on an empty stomach, and the third at bedtime. This is continued for a fortnight, and, if with success, is persevered with, according to circumstances, for a period varying from two to six months. If, on the other hand, the attacks are not materially diminished in frequency, the dose is immediately increased by ten grains at a time until the paroxysms are arrested. In this way as much as sixty to eighty grains thrice daily have been administered by Dr. Bennett, and, with one or two isolated exceptions, he has never found a case which resisted the treatment. He has never seen any really serious symptoms of poisoning or injury to the general health. Sometimes these amounts must be continued, but oftener it is better to diminish to that dose which will keep the attacks in check without seriously interfering with the patient's health. His experience with three hundred cases (of which he gives tables) has been so favorable as to lead him to believe epilepsy, of all chronic nervous diseases, is the one most amenable to treatment. Dr. Bennett's favorite prescription is as follows :

℞ Potass. bromidi.................
Ammon. bromidi.........āā grs. xv.
Sp. ammon. aromat............ f ʒ ss.
Infus. quassiæ ad.............. f ℥ j
M. Sig.—Thrice daily.—*Medical Times.*

Treatment of Club Foot.—Dr. Roddick (*Canada Med. Journal—N. Y. Med. Journal*) advocates the following simple *treatment of club-foot by strapping, and the use of the gypsum bandage.* In the newborn infant he trusts to manipulation, and does not begin surgical treatment until the child is one or two months old. He divides the tendo Achilles first, as he finds that after this the tibial tendons may not require division. The plantar fascia almost invariably requires section. Having tenotomized, the foot is brought into position at once. He then takes a strap of rubber plaster, one inch wide, and applies it in the following manner: beginning at about the center of the dorsum of the foot, he carries it round the sole, over the most prominent part of the outer border, and up on the outer side of the leg to the lower third of the thigh. This will be found to throw the foot out, and at the same time to flex the leg. Another plaster, less than an inch wide, is made to encircle the limb opposite the ankle, and this will be found to increase the eversion of the foot, and at the same time hold the first strip in position. He then applies a starch bandage. At the expiration of five days everything is removed, and a plaster-of-Paris bandage is applied. In about a fortnight this is removed, and passive motion is practiced for a few minutes, and the splint is reapplied or a new one put on. This process is repeated every ten days for a couple of months or longer, depending on the severity of the case. He finds that he gets excellent results from this method.

Therapeutics of Ovarian Compression.—M. Bourneville (*Le Progrès Médical*, No. 2, p. 22) was called to see a married lady, aged 22, who had suffered from hysteria for some years, but latterly the attacks had been of daily occurrence. After one of these, which occurred on Dec. 21, she became paralyzed on the right side, with hemianæsthesia of the same side. During the night of the 30th, spasmodic contraction of the lower jaw supervened. Dec. 31, M. Bourneville found right hemiplegia and hemianæsthesia, with stiffness of the joints; double ovarian hyperæsthesia; contraction of the jaw. After practising ovarian compression for some minutes, the spasm of the jaw relaxed, and the patient could put out her tongue; but, when the compression ceased, the spasm reappeared. After a short interval, he again compressed the right ovarian region, with a similar result; and, when compelled to desist, from fatigue, he discovered that the spasm of the jaw did not recur, that sensibility had returned to the right side, and that the patient could move her right arm and leg. A further compression resulted in the complete disappearance of all the symptoms, so that the patient got up and walked. M. Bourneville remarks that such astonishing results may be obtained, if the medical attendant will employ ovarian compression for a sufficient length of time, and repeat it frequently at short intervals.—*British Med. Jour.—New York Medical Abstract.*

Compulsory Vaccination in France.—The following are the conclusions of the committee appointed by the Académie de Médicine upon this subject: 1. Vaccination, with extremely rare exceptions, is an inoffensive operation when practiced with care and on a subject in good health. 2. Without vaccination, hygienic measures (isolation, disinfection, &c.) are of themselves insufficient for preservation from small-pox. 3. The belief in the danger of vaccinating or revaccinating during the prevalence of an epidemic is without any justification. 4. Revaccination, the necessary complement of vaccination for assuring immunity against variola, should be practiced ten years at least after a successful vaccination, and repeated as often as possible, when it has not been followed by the characteristic cicatrices. 5. The academy is of opinion that it is urgent and of high public interest that a law should be passed rendering vaccination obligatory. 6. As to revaccination, it should be encouraged in every possible manner, and even imposed by administrative regulations under all circumstances where this is possible.—*Gazette des Hospitaux, March 31st,* 1881. *Maryland Medical Journal.*

Hot Baths in Asphyxia of the Newborn.—In a communication to the Académie des Sciences, M. Goyraud calls to mind that M. Gustave Le Bon, in a note published in the *Comptes-Rendus* of 1872, indicated as a certain method of recalling to life young animals which had become asphyxiated the plunging them into a bath the temperature of which was gradually raised from 38° to 48° Cent. M. Goyraud has recently had occasion to employ this means for a newborn infant which had been delivered by the forceps. When the infant was extracted, the movements of the heart had entirely ceased, and various means for restoring animation, including artificial respiration, were presevered in for nearly two hours. No sign of life appearing, the infant, already become cold, was plunged into a bath heated from 45° to 50° Cent. (113° to 122° Fahr.). Thirty seconds had hardly elapsed when the first inspiration was observed to take place, and was quickly followed by free respiration, the infant in the course of five minutes having become full of life.—*Med. and Surg. Reporter.*

Abortive Treatment of Small-Pox by Salicylic Acid.—Dr. Edwin Rosenthal, acting on the article by Dr. Boyer, has employed salicylic acid in many cases of small-pox with good results. The formula employed by him is as follows:

℞	Acidi salicylici	ʒ j
	Spts. vini rectificati	℥ ss
	Misc et adde, elix. simplicis q. s.	℥ vj.

For the angina of variola, he uses in conjunction therewith, the following gargle of xylol, and finds it very satisfactory:

℞	Xylol	ʒ j
	Gum acaciæ	ʒ ij
	Aq. menth. pip	℥ vj

M. Ft. emulsio. Sig. Use as a gargle and mouth wash. He confirms the statement that salicylic acid in small-pox reduces the temperature, is sedative, and modifies the eruption.—*Med. Bulletin.*

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Vaccinating Eczematous Children.—Dr. J. C. Murray writes to the *British Med. Jour.* of September 18th: It is, or ought to be, known to all obstetricians that vaccination is a cure for infantile eczema. I do not remember having seen this mentioned before, and if Dr. Drury is the first to put it on record he deserves credit for now doing so. But most medical men of middle age have found for themselves the value of vaccination in eczema. I remember that thirteen years ago a near relation of mine had a boy with eczema capitis, which defied ordinary means. Soon after the usual time for being vaccinated was past, I told the mother that vaccination might cure it. I had no doubt observed good results from vaccination before, but the lasting impression was made then, which decided me to practice and recommend vaccination in eczema—the result when observed, being cure.—*Canada Lancet.*

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Aconite in Remittent Fevers.—Dr. Gerald Bomford, of Fort William, Calcutta, writes to the *Practitioner:*

The good effects of aconite in this class of fevers may be summed up as follows:

1. It reduces the temperature.
2. It reduces the rapidity of the pulse, and makes it full and strong.
3. It cleans the tongue and restores the digestive functions.
4. It induces sleep.
5. It increases the quantity of urine, and seems to have a direct effect in removing the symptomatic congestion of the kidneys.
6. It promotes perspiration.

I may add that it is exceedingly grateful to the palate of a fever patient.—*American Practitioner.*

Formulary.

IMPROVED STYPTIC COLLOID.

Collodion	100 parts.
Carbolic acid	10 "
Tannin	5 "
Benzoic acid (from the gum)	5 "

Mix the ingredients in the order above written until perfect solution is effected. This preparation has a brown color, and leaves, on evaporation, a strongly adherent pellicle. It instantly coagulates blood, forming a consistent clot, and a wound rapidly cicatrizes under its protection.

SALTS FOR FREEZING MIXTURES.

Industrie-Blätter: The chemical laboratory of H. Finzelberg, at Andernach, on the Rhine, offers a freezing mixture having the following composition:

Chloride of calcium	20 parts.
" " magnesium	20 "
" " sodium	6 "
" " potassium	13 "
Water	41 "

If this salt is mixed with an equal measure of snow, at 0° C. (32° F.), the temperature will sink to—15° C. (5° F.) In the snow or broken ice is at—5° C. (23° F.), the degree of cold obtained will be—30° C., or 22° below zero Fahrenheit.

As artificial ice is formed at a temperature but little below the freezing point, this mixture might prove quite useful to many people, especially as it is sold at a very low price by the maker, namely, four marks the hundred kilogs., or about fifty cents a hundredweight.

CHOLERA INFANTUM.

℞	Argenti nitrat	gr. j
	Acid nitric. dil	♏viij
	Tinct. opii deodorat	♏viij
	Mucil acaciæ	℥ ss
	Syr. simplicis	℥ ss
	Aq. cinnamomi	℥ j

M.

Sig.—A teaspoonful every three, four or six hours to a child one year old.

Bartholow.

This combination is remarkably beneficial after the acute symptoms have subsided.

INFANTILE CONVULSIONS.

℞	Olei succini rectificati	
	Tincturæ opii	āā ℥ ss
	Olei olivæ	
	Spiritus vini gallici	āā ℥ ij.

Ft. lotio. Rub along the spine.

Dr. Jos. Parrish.

The above will relieve infantile convulsions, and is also an excellent application to relieve the spasms of whooping-cough. Care should be taken to wash the skin with warm water and soap before rubbing in the lotion, to promote absorption.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, MAY 25, 1881. No. 10

Editorial.

A Question of Ethics.

Several respected correspondents have taken us somewhat sharply to task for our position on the Kidd-Quain controversy. On carefully reviewing this position, however, we cannot discover aught which we would correct, or which is incompatible with our regular standing as adjudged even by the Code of ethics, literally interrupted. We trust we are reasonably jealous of the honor of the profession, and should be very loath wittingly to take a position even remotely compromising this honor. We have no sympathy with "irregular" medicine, so-called, and if we recognize in it anything which is an improvement on the ways and means hoary with age we by no means necessarily regard such a recognition as a concession to a system or "school" which is fundamentally wrong.

It is to be feared, indeed it is known, that prejudice, ever one of the most deadly foes to progress, has operated to the detriment of regular medicine. We need only refer to the distrust with which a new remedy is regarded which does not come to us through a strictly regular source, and to the fact that the properties of many of the drugs now regarded as invaluable were for many years deliberately unknown to the "regular," and for no better reason than that some "eclectic" practitioner had first investigated them. We believe there is an improvement going on in this regard, but most of our readers will be able to recall instances in which a regular practitioner would either not prescribe, or do it surreptitiously, a drug reputed as valuable from an irregular source, fearful lest by so doing he would compromise his standing. Although it is still not in "good form" yet it is not an unpardonable offense against the dignity of the profession, indigenous drugs originally employed by Indians, natives and Eclectics are now largely represented in the prescriptions of the ethically upright, though those who are so upright as to lean back still wait for the decennial pharmacopœial endorsement.

In regard to homœopathy the distrust is much greater than it is or ever was against eclecticism, and very rightfully so, for homœopathy is "an exclusive dogma" and intolerant and bigoted to a degree undreamt of even by the most regular. Homœopathy has formulated a law to which it admits no exceptions, and unless a drug relieves in the manner provided for in that law it does not relieve at all. But in spite of its intolerance and bigotry has it no good in it that we should desire? Is it an unmitigated delusion? We do not believe in total depravity. The profession is under obligations to the men who have of late years, and at the risk of contamination, delved among masses of rubbish and exhumed precious gems. *Similia similibus curantur*, as a universal law of cure is a no less erroneous dogma than *contraria contrariis curantur*. Both are demonstrably false, the former having the advantage in practice solely because of its merciful association with the absurdity of infinitesimal doses, thus interfering to the smallest possible degree with the *vis medicatrix naturæ*. But where is the rational, scientific physician who will not admit that in individual cases he prescribes according to the latter dogma? He has descended in direct lineage from Galen and hence is not ashamed to admit the fact. He prescribes perhaps less frequently but yet not infrequently, in accordance with *similia similibus curantur*, but because of its unsavory associations he tries to explain the *modus operandi* of the drug on another hypothesis. He gives small doses of ipecac (an emetic) to allay vomiting, and seeks to explain the result on the supposition that the drug imparts tone to the vaso-motor system; he gives Dover's powder and picrotoxine (excitors of sweating) to check diaphoresis; sulphate of magnesia (a cathartic) to relieve dysentery; cantharidis (an irritant diuretic) to cure gleet; he applies a caustic to an ulcer, nitrate of silver to an inflamed conjunctiva, vaccinates to prevent small-pox, etc., etc., and sorely taxes his ingenuity for an explanation of the results. How much easier, to say the least, would it be to say that the artificial agent exhausts the irritability of the tissues and thus impairs their susceptibility to the idiopathic disturbing cause! But such an acknowledgment would be a concession to homœopathy and hence must not be thought of—the acknowledgment would prevent the Sir William Jenners of the profession (and they constitute the great bulk of it) from meeting him who makes it, in consultation.

But is it ethically improper to concede the existence of the law of similars? Unmistakeably not. The Code inveighs against only such as insist on the universal applicability of the law, "to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry." Is there anything in these "actual aids" which prevents the acceptance of the evidence of the senses? We trow not. These aids have shown that neither the law of similars nor that of contraries is universally applicable, but that there are drugs whose action, and diseases whose cure, are best explained through the operation of one or the other of these laws. These aids have demonstrated the non-existence of any single universal law of cure, but they have given no warrant for the assumption that medicine is the pure empiricism which some of its prominent disciples maintain it to be. That there are laws of cure is, we think, evident from facts already observed, although we are not yet able to formulate any system. Unless this is admitted where is the use of investigating the physiological action of drugs? It is conceded that the physiological action of a drug occupies a definite relationship to its curative action in disease, and that each drug has its own special or individual action on some organ or function. Should this relationship in individual instances be in the line of homœopathy, or antipathy, it is certainly a perversion of the scientific spirit to wilfully deny the fact.

But a few words more with reference to Dr. Kidd's case: This gentleman was originally a homœopath, and for years was an ardent claimant of the universality of the law of similars. His experience and observations, however, at length convinced him that therapeutics cannot be based on any single law, and although recognizing that of similars as one of several laws he openly repudiated the name of homœopath as applied to himself. He, however, made no claim for recognition by the regular profession, well knowing, probably, that any such claim under the present temper of the profession would be in vain. It is unfair under the circumstances to class him him with those who assume the name of "homœopath" because of its advertising influence with the public, but yet discard in their practice the tenets which the name implies. Had he been of that class the refusal to consult with him, even though he had not been prescribing homœopathically in the case under treatment, would have been not only the proper course, but any other course would have been reprehensible to the highest degree, for the ethics of the profession, unwritten if not written, apply to moral as well as to scientific questions. We should much sooner consult with an honest homœopath, exclusive dogmatist though he be, regarding the diagnosis of a case, than with one who has stolen the livery of homœopathy to serve mammon in. We regard Dr. Kidd as a regular physician, and claim the privilege which he claims of prescribing as our honest judgment dictates, and that too regardless of the charge of homœopath, or allopath, or hydropath, or eclectic or what not, which such prescription may lay us open to. We are glad for our part that Dr. Quain had the manliness to meet Dr. Kidd at the Earl of Beaconsfield's bedside, and believe that his having done so will prove to have been the harbinger of a more liberal policy on the part of the regular medical profession. 'Tis a consummation devoutly to be wished.

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American Medical Association.

The thirty-second annual meeting of the American Medical Association was held, as per announcement, in Richmond, Va., from the 3rd to the 6th inst., inclusive. The reports do not indicate any especial points of difference between this meeting and those which have preceded it, unless perhaps that the scientific part of the programme was scarcely up to the average, and that the social part was in advance thereof. There was not that large representation present from the South which the holding of the meeting in Richmond was designed to draw out, and the delegates in attendance were little over half as numerous as those who attended last year's meeting.

A careful perusal of the papers fails to reveal much of striking interest. The address of the president, Dr. John T. Hodgen, of St. Louis, Mo., was chiefly devoted to a plea in favor of conservatism in surgery, and a declaration against the abuse of specialism in medicine, the tendency of the specialist to magnify the organ which receives his especial attention, and to consider it irrespective of its relations to the whole body. Specialism should be the outgrowth of general practice. "It cannot be denied,.' he said, "that the early and exclusive study of the affections of a part tends to narrow the intellectual grasp and cramps the powers of the man who yields to the influence incident to such partial training. In the best sense, a specialist is a physician and something more; in the worst, he is something else and something less than a physician."

Among the more notable papers read we may mention the address of Dr. Wm. Pepper, of Philadelphia, chairman of the section on practice of medicine. He dwelt on the great importance of local lesions, especially catarrhal inflammations of the mucous membranes, as being the cause of many apparently obscure diseases, and as adding greatly to the danger of diseases now regarded as due to the presence of some specific poison in the blood. He referred also to the evil of the tendency to assume the existence of a blood poison in disease, and to regard diseases as self-limited and not to be influenced by medication, a tendency which finds such a striking illustration in the assumption that phthisis itself is a self-limited disease. To regard the latter affection as such he declared was to ignore all pathological teaching.

The address of Dr. Hunter McGuire, of Richmond, chairman of the section on surgery, was a plea for the open treatment of wounds of the peritoneum, with free drainage. He would not hesitate to make another opening if the location and direction of the wound were such as not to secure a free exit from the cavity.

Dr. Jacobi, of New York, chairman of the section on diseases of children, gave a model address, it not being devoted to any special subject, but consisting of an admirable resumé of progress in this work during the past year. This, we take it, is the proper office of the chairman of a section, and the practice of his confining himself to a single subject the choice of which is dictated by his own inclination, is not productive of the greatest good.

Among the questions of medical politics which most interested and occupied the attention of the meeting was that of homœopathy in the University of Michigan, a question which promised at one time to be interminable. It is certainly a matter for congratulation that it has at last been answered by the association, and that, too, regardless of the nature of the answer. The amendment to the code of ethics which is designed to meet the case must be regarded as condemnatory of the principle involved in the miscegenation at Ann Arbor, although the university authorities have so relieved the regular faculty in the matter of examining and certifying to the proficiency of homœopathic students as will probably exempt the teachers, technically, from discipline under the code. The temper of the meeting was more evenly divided on the question than at former meetings, but, although much of the rabidness of former years had abated, the majority regarded the existing arrangement in the university as objectionable. The following is the amendment to the code: "It is not in accord with the interest of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive dogma and irregular system of medicine." Dr. E. S. Dunster, of the university, and Dr. N. S. Davis, of Chicago, were, respectively, the leaders of the discussion, *pro* and *con*.

The question of the establishment of a weekly medical journal by the association was favorably reported on, and the matter referred to a committee with instructions to perfect a plan and to report at the next meeting.

Dr. J. J. Woodward, U. S. A., was elected president, and St. Paul, Minnesota, was chosen as the place of the next meeting. This selection of the president was one of the most important acts of the meeting; it is a tribute to real worth and not the mere result of wire-pulling. May this election mark an era in this regard.

The Medical Bill.

We have received intimations from Lansing that the medical bill which we drafted and had introduced to the present legislature has been killed by the Committee on Public Health, to which it was referred, and which has decided to report a bill drafted by a homœopathic physician, and a spiritualistic or layer-on-of-hands practitioner of this city. This bill is one which we would appeal to the legislature, (although we have now but little faith in the effect of the appeal) to reject. It is just such a bill as might be expected from the combination which drafted it, and is an insult to reputable medicine. It legalizes quackery and especially that form of it which repudiates drugs and relies on unseen powers or spirits for the healing of the sick. That a committee composed, presumably, of intelligent men should seriously entertain such a bill is one of the mysteries of every day life, and although our faith in the capacity of a legislature of heterogeneous complexion to legislate in the interests of scientific medicine and the consequent physical well-being of the people, has been put to a severe test, we still believe that there yet remains a sufficient modicum of common sense to ensure the defeat of the bill referred to.

How do we account for the defeat of our bill? The cause is three-fold: inherent inability on the part of a lay legislature to comprehend the questions involved, unusual activity and the expenditure of money by the quacks whom the bill would seriously affect, and an unaccountable apathy on the part of the reputable profession. That there has been much money expended for the defeat of the bill scarcely admits of question, indeed it is the open boast of a prominent charalatan that he contributed $1000 to this end, and the organization of the opposition throughout the state, and the lobby, has been complete. The non-exemption of practitioners of ten years' standing was also rather more than the bill could have stood, even had the opposition from perfectly disreputable sources been less pronounced. Had the bill passed it would have made some surprizing revelations, it would have shown Michigan to have been a rich field for the Buchanan enterprise, and such a revelation was not to be made if it was in the power of money to prevent it, and money is onmipotent is some directions.

American Medical College Association.

The late meeting of this association at Richmond was a pronounced failure and the indications are that it was the beginning of the end of the organization. Although there were present in the city a goodly number of representatives of the medical colleges of the country, it was only after several attempts that a quorum was drummed up. The spasm of virtue which resulted in the fixing of the three courses of lectures, a year ago, has relaxed, and there seems to be a disposition to prepare for a very general collapse next year when the three session plan is to be enforced. The withdrawal of leading eastern schools and the expressed determination of others (Jefferson, for instance) to withdraw when the time arrives when the three courses are to be made a condition of membership, has had a very disheartening effect on the small western schools. Jefferson, in spite of the demi-gods in its faculty, is like most of the other medical schools, run for lucre, and since it has transpired that in spite of its immense facilities for clinical instruction it does not make a utilization of them a condition of graduation, lest perchance such condition might keep away students, the stand taken by its representative, Dr. Gross, at the late meeting, was not a surprize. Self-interest controls them all, and that, too, in spite of claims of devotion to the "good of the profession," "a higher medical education," and all such cant.

What will the west do under the circumstances? Remain steadfast and thus sacrifice her schools, or return to the two course plan?

The College Association, it is to be feared, is powerless for reform, and the profession cannot compel it. Then how is it to be effected? The only bodies having the means in their hands to compel it are the state legislatures, who can divorce the teaching from the examining and licensing body, but they will require much educating before they move in the matter.

Miscellany.

An Ethical Question.—Our esteemed friend "A True Blue" opens his battery on us thuswise:

"I have given you repeated assurances of my high appreciation of the News and notwithstanding the somewhat remarkable editorial in its last number I still consider it the liveliest, most outspoken and chipper of the many medical journals to which the interests of my clientele force me to subscribe. My criticism of the editorial referred to, will, therefore, not be misconstrued.

I hope I am not a narrow-minded doctor; indeed it is one of my most frequent prayers to be delivered from all bigotry. I regard it, furthermore, as an answer to this prayer that my best professional instincts repudiate the sentiments of your editorial. My deliverance from bigotry causes me to hate bigotry and thus to give no quarter to that delusion of the age, homœopathy. The dogmatist is a bigot, the homœopath is a dogmatist, *ergo*, the homœopath is a bigot, Q. E. D., and it is an article of my faith to hate him even as we are taught to hate sin, for is it not sinful to be a bigot? Yea, verily. My hate of the homœopath (as a homœopath, of course and not as an individual) is guaged by the extent to which he entertains homœopathy. While, therefore, I hate all who bear the name, I have degrees of hate. But in proportion as hate is less intense for all yclept homœopaths contempt is more intense. I pity the man who is an honest believer in the universality of the law of *similia similibus curantur;* he has a mental defect. I despise the man who having demonstrated to his own satisfaction the non-universality of this law and repudiates it in practice, yet sails under homœopathic colors; he has a mental and moral defect. Dr. Kidd having, like thousands of others in this country, taken the latter position deserves not the recognition of honest men. If I am convinced that a drug acts homœopathically (or "substitutively" as you have put it), it is my privilege to so administer it, as it is also my privilege to administer another drug, believing it to directly counteract the disturbance known as disease; but would it be honest for me, because of my so doing, to style myself either a homœopath or an allopath? I am, or aim to be, a scientific physician and endeavor to sit at nature's feet, and realize both how dishonest and how futile would be the attempt to conform the workings of my great mistress to an arbitrary rule conceived in the mind of a dreamer.

Go to! Mr. Editor, go to! you are switching off into dangerous ground. The doctor, like the woman, who hesitates, falls."

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Statistics of Medical Education in the United States.—The report of the United States commissioner of education, for the year 1878, contains some interesting statistics regarding the medical, dental and pharmaceutical schools of the country.

The number of these schools reported to the bureau during the year was 106. These had 1,337 instructors and 11,830 students. The regular school of medicine and surgery reported 64 institutions (the number now is 69); 915 instructors; 8,279 students; 2,506 graduates; 46,065 volumes in libraries; $1,685,250 in grounds, buildings and apparatus; $214,347 in productive funds, yielding an income of $13,186; and tuition receipts to the amount of $289,398. The Eclectics reported 6 institutions; 51 instructors; 448 students; 211 graduates; 3,000 volumes in libraries; $161,000 in grounds, buildings and apparatus, and $8,960 receipts from tuition. The homœopathists reported 11 schools; 158 instructors; 1,215 students; 363 graduates; 39,800 volumes in libraries.

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Scrotal Hæmatocele.—Some months ago I was invited by a professional brother to accompany him on a visit to a patient who had met with a singular accident. The man, a farmer, was traveling through the woods in the dark, and in crossing a log had slipped and fallen a straddle of it. A stub of a limb sticking upwards a few inches long struck him in the perineum. The integument was not lacerated by the force of the fall, but some vessels were ruptured internally, the hemorrhage from which flowed into the scrotum filling and distending it to its utmost capacity. I found the scrotal tumor as large as a shaddock, its surface tense and glistening and of a purplish-black color. The infiltration had extended to the integument of the penis and up over the pubes. The blood contained in the scrotum had coagulated and was quite firm. My medical friend did not deem it advisable to operate on that the third day since the accident, and appointed another time some four days distant. By this delay he lost his case, for the friends becoming impatient called another physician, who operated on the day set by the one first in attendance. There was some discussion as to the propriety of postponing the operation. Query: What would be the best surgery in such case providing the hemorrhage was venous as was most probable? To operate immediately or to wait a few days? The patient ultimately recovered. W.

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That reader must be hard to please indeed who in the diversified contents of the *North American Review* for June should find nothing to win his attention. First we have an article by the Hon. Hugh McCulloch on "Our Future Fiscal Policy," treating of the problems of refunding, the remonetization of silver, and the restoration of the United States to their just rank among the maritime nations of the world. George B. Loring writes of "The Patrician Element in American Society," but the reader need not apprehend no glorification of artificial rank, for in the author's estimation the patrician elemen here is simply the strongest popular element—th portion of the people, whatever their lineage, wh are engaged in developing the mental, moral an material wealth of the Republic. Dorman Eaton makes a spirited defense of civil servi reform; Prof. W. G. Sumner states very clearly the argument for free ships; Frederick Douglass writes of "The Color Line;" Désiré Charnay, of "The Ruins of Central America;" Dr. Austin Flint discusses the benefits of vaccination; J. M. Mason asserts the lawful power of the government to regulate railway charges; and finally, Prof. E. S. Morse sets forth the evidences of the existence of man upon this continent in prehistoric times.

Dr. A. Noel, of Bonneausville, Pa.: I notice in a recent issue, an article on diphtheria, remarkable only for the number of "I's" it contains, (no less than thirty-seven); and the greater potency of that *I* in combating the disease than that of any of his neighbors of the profession, and the more successful 'pull throughs' of his patients, through the same potent agency, 'I.' Referring to his method of treatment, this *I* can discover very few points that it would trust to adopt, particularly the red pepper, strong solutions of argenti nitras. We had a very severe epidemic of diphtheria, in Adams and York Counties, in the autumn of 1877, and our mortality did not exceed five per cent., if it reached that, and there was a considerable number of cases of diphtheritic croup among those who had the disease. Cleanliness in particular, and antiseptics and disinfectants, are very important factors in the treatment of malignant forms of diphtheria. But such wonderful success over our neighboring fellows of the profession would better impress itself if reported by some third person than by that distasteful *I*.

Dr. Edward Watson, Sioux Falls, Dakotah: Your issue of April 11th, 1881, contains an extract from a communication of Dr. A. B. Isham, in the *American Jour. of the Medical Sciences*, relating to what he calls the death smell. The announcement is apparently of no value, still is capable of harm. It is too nearly related to the ignorance we so often have to combat in general practice, where some wise old woman predicts death, she can see it, and smell it, "death has sot in, and she don't care what the doctor says." It is true, as any practitioner has observed, that there is a peculiar smell in certain cases, it is often noticeable in acute cases where death follows soon, but is not by any means a forewarning of death. In fact Dr. Isham's announcement is not of any scientific value, and should not receive the notice it has.

Vox Studentium is the result of the latest parturient effort of a prolific dame. Brooklyn (opposite New York) is where it has uttered its first yawp; and by the way the old lady has recently shown quite a weakness for the city of churches (and lodgings to let), having dropped several of her litter there within a few months. The name of the nursling gives a clue to its mission. The paternity of the youngster is *sub rosa*. We think we could fix it, (it's a perfect picture of its papa) but forbear out of regard to the old man's feelings, and besides he has other children and there's no use causing trouble in the family. Monthly; sixty cents a year.

Col. Thos A. Scott recently donated to Jefferson Medical College $50.000; to the Orthopœdic Hospital $30,000: to the Episcopal Hospital $20,000; and to the Department of Arts of the University of Pennsylvania to endow a chair of mathematics. The donor still lives to enjoy his munificence, not hoarding dollars for post mortem delivery. Herein he has but shown that good sense which has been such a prominent trait of his character. Would that some of Detroits millionaires were equally sensible. It must be humiliating to a wealthy man to know (and they all know it) that their death is generally regarded as a public blessing—for death alone can loosen their clutch on the shekels. Let them go to Tom Scott for a lesson.

Buchanan, who, it will be remembered, was a notorious diploma vendor,—notorious chiefly because he ignored certain forms through which other diploma vendors evade the law,—was matriculated into the Philadelphia Penitentiary with a more imposing ceremony than that with which he received his "students." His head was enveloped in a sack prior to his being led into the room where he joined his grade. This was done to prevent his knowing exactly where he was taken, and thus to prevent his premature graduation from his alma mater.

In the article by Dr. Bardeen, in our issue of the 25th ult, the force of the statement regarding the influence which the advertising columns of the secular press exercises over the editorial department is somewhat impaired by a typographical error. In the case cited as an illustration $13,000 instead of $1300 (as printed) was the computed income from quack advertisements. $13,000 a year is an argument very difficult to be overcome; it is very apt to warp judgment, inside as well as outside professional ranks.

Medical Record: "There are four ways of getting more money, viz., by stealing it, borrowing it, earning it, and marrying it. The Code of Ethics, Mosaic and medical, cuts off the first; various accidents, personal, geographical, etc., generally prevent the application of the last method; plan number three has long proved a failure. We advise the medical man, therefore, who wants more money by all means to borrow it, and pay up by treating the creditor." If our sage contemporary could now but suggest an easy method of improving one's credit, it would supply the missing link.

Suicide, it seems, is a luxury especially intended for the rich. Mr. Cooper in speaking of the wretchedness of the Indians of the Northern coast, says: "Yet the miserable wretches never commit suicide! That is a relief reserved rather for those who have become satiated with human enjoyments, nine pampered sensualists dying in this mode for one poor wretch whose miseries have driven him to despair." Such self-killers find life insipid, and therefore close it. Suicide is seldom the resort of the poor, unless they be insane.

The London *Specialist* talks of the "Yankee braggadocio usually so offensively prominent in American literature," and yet an examination of the number containing the gratuitous slur shows not less than five of its fourteen pages to have been taken from American journals. Veracity is evidently not an heirloom in the *Specialist's* family; had it been, the journal would have been saved the charge of inconsistency to which it has laid itself open.

The *Illustrated Scientific News* is again on our table. It is an admirable little monthly and although not a medical journal treats in a popular manner of collateral sciences which it is the line of the physician's interests to be familiar with. The price ($1.50 a year) cannot be more advantageously laid out in collateral reading.

Dr. Buck admonishes to great care in the treatment of earache. He says that each case should be regarded as the beginning of what may develope into a fatal disease. It should receive early and constant attention from the physician who should make use of the speculum and reflected light in using it. Doubtless may cases of deafness and not a few of fatal meningitis would be prevented by taking heed to this advice.

The author of "The Heart and its Functions:" "The skill of one physician over another consists, first of all, in his quickness to perceive which organ he can most readily and most beneficially influence, to the ultimate benefit of its neighbors; and next in the extent of his armory—the number of weapons, be they drugs or diet, which he has at his command, and the dexterity with which he can employ them."

As a ready method of applying hot fomentations it is advised to place the flannels in the steamer of an ordinary potato steam-kettle. In this manner is avoided the trouble and risk attached to the wringing of the flannel sufficiently dry, under the ordinary method of soaking it in hot water.

A physician who lately died in Warsaw willed his body to the Anatomical Theatre of the University of that city under the condition that the skeleton is to be given to his daughter, and in the event of her death to the first Polish woman that studies medicine in that school.

In England before the discovery of vaccination the country lost (annually) 3000 small-pox cases to each million of population. This figure fell to 770 from 1838 to 1840 before free vaccination was introduced. From 1841 to 1853 it fell to 304 to each million, and from 1854 to 1863 to 160. A steady decrease in the death-rate has since been observable.

A Dr. Page, of Baltimore, writes to to the *Medical Record* extolling the virtues of lemon juice in diphtheria. He neglects to give credit to Dr. Czartoryski whose article on the subject appeared in the February 25th issue, current volume of the NEWS.

A new liquor law in Kansas obliges all doctors to make oath that they will not prescribe alcoholic liquors except in cases of actual sickness, and the doctors boldly refuse to comply.

Cincinnati Lancet and Clinic: Beaconsfield, it seems, was a homœopath. Well, what if he was. Julius Cæsar was an epileptic, and Samuel Johnson was a half-way spiritualist.

Original Articles.

A Case of Spinal Inflammation Due to Traumatism.

BY JAMES H. HUTCHINSON, M. D., PHILADELPHIA.

This patient was admitted to the hospital about one month since. On December 7th 1878, while at sea he fell some thirty-six feet, from the rigging to the deck. He is said by the spectators to have fallen partly on his head and partly on his back. The captain avers that in falling the man grasped at a rope and so broke the force of the fall but the man himself is not conscious of any such thing. When picked up he was unconscious and remained in this condition for some fifteen minutes. Two slight scalp wounds were sustained, the position of the more serious one is shown by this cicatrix. Upon regaining consciousness he found that the right arm and leg were entirely paralysed, and the left arm almost entirely. There was no aphasia, however, and no symptom of paralysis of the cranial nerves. The patient received no treatment whatever while at sea. During this time there was no incontinence of urine or of fæces. He was at first obliged always to wait a few minutes before the urine would flow, but at no time was there any need for the use of the catheter. There has been no trouble whatsoever with the bladder since he has come into the hospital. Upon questioning him closely we find that he has never had any sickness to speak of previous to the accident. Some years since he contracted chancre, but it was not followed by any constitutional taint—no syphilitic eruptions, etc. His kidneys are in good condition and the urine contains no albumen. There is no disease of the heart, lungs or liver. Upon the head, over the right parietal bone, the cicatrix, left by the scalp wound, is plainly seen. There is no evidence of any paralysis of the muscles of the face; there is no ptosis and no strabismus. There is a slight degree of optical neuritis seen with the ophthalmoscope, but not enough to indicate the existence of any serious disease of the brain. When he walks you see that he carries his head somewhat forward, and that when I try to bring the head back into an entirely erect position, I meet with difficulty and give him pain. Moving the head forward I also meet with some stiffness. The lateral motion in like manner is slightly interfered with. When I examine the back I am unable to discover any injury to the bones. At the point of the junction of the cervical with the dorsal spine there is some thickening and induration—due to some straining of the ligaments no doubt—which explains the unnatural position of the head, and the rigidity of the neck. The right arm has not yet entirely recovered its power. The grasp of the right hand is not by any means strong. He is unable either to extend or to close the fingers of that hand nor can I close them without applying great force and giving him great pain. This tendency to contraction exists also, elsewhere—in the right biceps particularly—so that the right arm cannot be fully extended. The shoulder, too, is so stiff that I have to exert great force to lift the arm above the horizontal. There is some atrophy of the muscles of the right hand, especially noticeable in the spaces between the metacarpal bones. This cannot be ascribed to the fact that the man has been doing no work lately, because we do not find the same atrophy elsewhere. He holds his hand in a peculiar position —cannot "make a fist" of it, as they say. When he allows his hand to hang for any length of time you notice how blue it becomes. This is owing to the defective circulation in the limb. When we come to examine the left hand we find that he can close it, but not by any means completely. There is considerable stiffness at the wrist, and the same tendency to muscular atrophy as in the other hand. The man's walk is peculiar, although he has improved very much since he has been in the wards. (Two weeks ago he could not leave his bed.) The complete rest he had at sea was of the greatest benefit to him. The right leg is somewhat stiff—more rigid while the boot scrapes the floor. In hemiplegia the leg is thrown around in walking. In hysteria it is dragged. Here you will also notice that as he moves his leg there is a certain amount of trembling in the member. The more he walks the more evident this trembling becomes. Upon stripping off the clothes from the legs you can see that the feet are more extended than is natural. It is very hard to bring the foot of either leg (the rigidity is more marked in the right leg), up to a right angle, and when I do it the trembling is very much increased, and the tendo achilles grows very tense. This spasm of the leg which is caused by the attempt to bring the foot up to the right angle, goes by the name of "ankle-clonus," and is a reflex symptom. So much for the foot. I will now point out to you some other interesting symptoms. See how well marked, indeed how exaggerated the tendon reflex of the patella is in both legs! But a short time since there was a patient in the hospital in whom this tendon reflex had entirely disappeared. There is certainly no very marked impairment of the sensation of either touch or pain in the feet. The patient, with his eyes shut, can tell not only which foot, but also what part of the foot I am touching. This sense of touch does not exist as acutely in the three middle toes of each foot, but then nine men out of ten cannot properly localize sensations in these places. Sensation is perfect in the left foot, and but very slightly, if at all, impaired in the right. I do not think there is any appreciable difference as regards sensation in the two feet. He can distinguish between the compass points when they are but slightly apart. Pricking the soles of the feet with the compass points causes violent reflex activity. In another patient whom I will show you in a moment I can bury the compass point in the flesh without any sensation of pain on his part. The contraction of the muscles under the Faradic current in this case is slightly impaired in both right and left leg, and right and left arm. It is more impaired in the arms than in the legs, especially in the right arm. Occasionally trembling may be produced by pressure upon the lower part of the spinal column; I can bring out the most marked trembling in this way to-day by this spinal pressure. In the other case, which I mentioned to you a few moments ago, there is great impairment of the tendon reflex. The man has not been able to walk since November. (Here the man was brought into the lecture room.) There has been some long standing deformity in this left foot. The man tells me that it never developed as rapidly as the right foot. The deformity was probably produced by infantile paralysis, which is usually followed by contraction of the tendons, and the leg ceases to develop as rapidly as the other. He does not feel it at all when I scratch the soles of his feet. There is some slight sensation when I scratch deeply on the top of the left foot. When I plunge the pin point into the flesh, it is some little time before the sensation reaches the brain, and then the feeling is not an unpleasant one. In this second case there is evidently both anæsthesia and analgesia, or at least very defective condition of the sensations. The contrcation of the muscles of the legs under electricity is very feeble indeed. There is no trembling in this case, and no symptom whatever, above the waist. He can bring two points together from opposite directions, with his hands, more accurately than most men, and can raise a cupful of water to his lips without spilling a drop. He is a watchmaker by trade, and a few days ago took a watch to pieces and put it together again, without difficulty. In investigating the case which has formed the subject of today's lecture we have two difficulties presented to us for solution. 1st. In regard to the nature of the original injury. It matters very little whether or not he broke the violence of the fall by catching hold of the rope as he fell, as his captain asserts he did. We have certainly the evidences of a severe blow upon the back. I have already pointed out to you that we have no reason to believe that he received any cerebral injury at the time. The unconsciousness which followed the fall, and which continued for only fifteen minutes can be attributed without difficulty to the shock, in addition to which there has been no aphasia, common in right-sided paralysis, no strabismus, no ptasis no deviation of the tongue in fact no paralysis of any of the cranial nerves. The violence of the blow seems to have principally been felt at the junction of the dorsal with the cervical vertebræ, but as I have already said, I have no reason to believe that the bones were injured at that point. There was plainly no fracture, or the results would have been much more serious. The injury may have originally been concussion of the spine, but it is hardly likely that a single concussion would have given rise to paralysis of the muscles of three extremities. It was more probably an instance of apoplexy of the cord. In serious apoplexies of the cord occurring high up in the back there is paralysis of all four extremities. If the clot is formed still higher up, the phrenic is implicated and more or less difficulty of breathing results. As far as I can gather, there has been at no time interference with the respiratory act in this case. The effusion of blood could not have been a very large one, as there was no paralysis of the left leg, no urinary difficulty, and no pronounced tendency to the formation of bed sores here, as is common in serious spinal apoplexies. In apoplexy of the cord the seat of the effusion is generally the grey matter, and it seems not unlikely in view of the atrophy of the muscles of the hands which I have pointed out to you, that the anterior cornua were involved in original injury. At the present time, however, there are symptoms which show that no matter what was its original cause the lateral columns have become involved. In inflammation of these columns, we have many of the symptoms which are present in this case. The spastic contraction of the muscles so largely conspicuous here is a condition pathognomonic of this disease. The absence of anæsthesia shows that the posterior columns cannot be seriously affected, and the absence of analgesia would seem to prove the same thing as true of the grey matter. The grey matter is indeed apparently in a condition of irritability as shown by the increased tendon reflexes, the ankle-clonus, etc. You will find that all these symptoms are said by Charcot to occur as a consequence of violent blows or falls upon the back. Indeed, it would appear that a simple concussion of the spine is alone sufficient to produce it. In the case under observation, however, concussion alone would hardly explain the paralysis which immediately followed the injury, and has persisted in a greater or less degree ever since. The patient as I have already had occasion to tell you, had received no treatment while at sea, at least no medical treatment, but he was allowed complete case and that was perhaps the best thing that could have happened to him under the circumstances. For a day or so after his admission to the Hospital, in consequence of the transfer of the wards the patient received no special attention. As soon as I saw him, however, I thought it proper to apply a blister to the seat of induration in the back and to administer the bromide of potassium internally, so as to diminish nervous irritability. When I saw that the cord was in a state of inflammation, I ordered one-sixteenth of a grain of the bichloride of mercury to be given four times a day with the bromide. He is now taking ten grains of the iodide of potassium thrice daily. This dose I will now order to be increased to twenty grains three times in the course of the day. The corrosive sublimate is given for its beneficial effect in inflammations of the cord. The iodide of potassium is given because experience has shown that it is of use as an alterative in such cases. Immediately after the reception of the injury it would have been well to have given ergot hypodermically. In several cases of congestion of the spinal cord treated here, belladonna has also been given with advantage. Since he has been under my care two blisters have been applied to the spot of induration at the junction of the dorsal and cervical vertebrae. I will order the patient to be blistered occasionally hereafter. Blisters are excellent as revulsives. Were we to employ electricity at this time we should probably do nothing but increase the nervous irritability. So too, with regard to strychnia, which is of value in spinal disease only where the irritation has gone and paralysis remains. Rest is the all-important element in the treatment. The rest at sea did very much to cause the present very marked and increasing improvement in the case. It will be well for the man still to remain on his back in bed for the larger part of the day. I have never seen the tendon reflex and "ankle-clonus" so marked in this man's case as they are to-day, and it is probably owing to the fact that he has walked down stairs from the ward. I do not think that provided proper attention is paid to the patient, there is any danger of the formation of bed sores in this case no matter how much the patient may be on his back. There is no interference with the proper functions of the bladder and rectum. I think it well to impress upon you all, the necessity of seeing that the bladder is always entirely emptied in cases of spinal disease. Sometimes it may seem as if the water were passed regularly, but upon introducting the catheter you may find that the water which has been passed was only an overflow from a distended bladder. And if this state of affairs is overlooked the nervous disease may be complicated by a serious cystitis. The prognosis here is favorable. We do not expect to restore the patient to perfect health, but he will probably be able to earn a living. A few years ago I had a patient under my care in the hospital who, as the result of an injury from a board falling upon the back of his neck, presented many of the symptoms to which I have called your attention in this case. They were however less severe. Under the use of large doses of iodide of potassium continued for some time, he made almost a complete recovery. This leads me to hope for a more favorable result in this case than I otherwise should.

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Sunstroke.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

Thermic fever or sunstroke is one of the "curious" and "singular" diseases that affect mankind about which great diversity of opinion has been expressed. Views as to its nature are at such variance that its pathology cannot be said to be well defined. It is classed among disorders of the nervous system. There are two grand divisions of this system: the cerebro-spinal and the ganglionic. By the influence of the one all voluntary operations are effected, and by the other all involuntary functions are performed. By their united and co-sthenic action the body is preserved in health. If the ganglia are depressed or exhausted, their condition reacts on the cerebro-spinal division. Perfect health consists in their complete equilibrium, correlation and co-sthenicity.

The term ganglia is used generally, without attention to the arbitrary divisions of the physiologists, as embracing the whole ganglionic tract, and is considered in its ultimate distribution and in the force which it exerts to be co-extensive with ultimate tissue. The blood as a tissue of the body is pervaded by the nerve force derived from it as water is by electricity when a current of that fluid is turned into it from a battery. Hence we have gangliasthenia as a loss of ganglionic nerve power. This loss may be partial or complete, and may be local or general.

What will best convey an idea of the true nature of thermic fever?—for its phenomena are recognized as febrile. Will the circumstances under which it has been observed to occur lead to a correct view? Not without due consideration of the premonitory symptoms of an attack and an examination of the post mortem conditions if the disease proves fatal. The necroscopic appearances of typhus and thermic fever have been observed to be alike. Here, at least, there is pathological relationship. Both present evidences, after death, of passive congestion of the internal organs. Both are preceded by nearly the same premonitory symptoms: anorexia, nausea, insomnia and weariness. (Wearisome nights are appointed unto me, and I am full of tossings to and fro until the dawning of the day, Job vii, 3, 4.) Thermic fever is then a congestive disease. The principle that when passive congestion exists it denotes gangliasthenia is applicable to this disease, and also the rules as to the causation of the condition. The determining cause must then be sought in the environment of the individual. What are the surroundings of a person who is affected by sunstroke? The popular name of the disease indicates that he suffers from exposure to sun heat the and sun's rays. But the disease frequently occurs at midnight, when the heat though not fierce is sultry and stifling. Hence it follows that a person is not sunstruck because he has been exposed to excessive heat of the sun's rays, but because he was gangliasthenic at the time of such exposure. That is the mild and partial condition (prodromic state) has developed or suddenly become intensified into the severe and complete (gangliasthenismus) by the continued operation of the causes which produce it—excessive solar heat being one factor. If the gangliasthenic person is not exposed to the sun (continued effect of the factor) the condition may become chronic, and may assume some other shape, that is may "run" or develope into another disease. Thus though environment may be said to determine the disease yet it is evident that the particular nosological shape assumed depends upon the manner and degree in which the ganglia are affected either as a whole or in different parts by the combined action or co-operation of all the depressing agencies external to the individual, *i. e.* the environment. But environments differ, therefore the ganglia are correspondingly affected in manner and degree, and hence the disease assumes its particular shape.

It is a well-known pathological fact that sunstruck patients never wholly recover, and the same remark can be made of people who suffer from other diseases of this class. In recoveries from sunstroke the ganglionic nerves may be presumed to have undergone some change, and to be left in a chronic condition incapable of being restored to their pristine vigor. In fact such changes are the resultant consequences of the intensified forms of gangliasthenia of other diseases. In typhus the abdominal ganglia have been found changed in appearance and texture. "They have been observed in a withered state of leather-like toughness while their color has altogether disappeared or is changed to a rusty brown, yeast-yellow, fawn or slate gray." In milk-sickness (pseudo-gastritis) some of the ganglia are undoubtedly greatly altered, especially those which constitute the solar plexus, and in exophthalmic goitre the cervical ganglia undergo striking alterations. In some diseases the ganglia first become congested and then undergo softening and disintegration. Collapse is the result of this condition.

Sunstroke is the fulminant form of gangliasthenia, and may be regarded as the type of the hyperthermies--the congestive diseases which present great bodily heat with cool extremities. It is said that thermometry substitutes the exactness of measurement, and the certainty of figures for the uncertainty and indefiniteness of judgment. But in distinguishing between the hyperthermy of sunstroke and the heat of fever the thermometer is more than useless. The hand can alone be relied on as sufficiently trustworthy for the appreciation of the different temperatures. By its sensibility alone can the heat be correctly estimated. In the axilla of a sunstruck patient the thermometer marks 105°-110°. But feel the feet and they are found to be cold. Is that fever? Feel now the feet of your fever patient. Ah! you find them hot. And that is the difference between fever and hyperthermy. If one is fever the other is not. The heat of the two conditions is derived from different sources. The two conditions, of which the increased heat in either case is only symptomatic, are pathologically distinct. The one explains the other, and to the man who thinks both are clear. The true nature of fever which has never yet been explained is deduced from the phenomena. Here is a riddle! Guess at it ye physiologists between the results of whose experiments and human pathology there is such a remarkable and irreconcilable discrepancy—an unspanned gulph! Guess at it Messieurs, Your Eminences! Ye who essay to teach the science! Ye who are so unapproachable that in your presence the rank and file must put off their shoes! Ye who have written for reputation and notoriety and have filled volumes with chaff, controversies and wornout theories! Ye anatomists and pathologists need not guess for ye cannot elucidate it inasmuch as it is a modification of that unknown influence, the principle of life itself, which must cease to exist before you can begin your inquiries! Guess till you are weary and then I will solve you the riddle. This much I will say: All animal heat has its source in the action of the nervous system.

Sunstroke has its prodromic stage which is characterized by symptoms similar to those which precede typhus, and these are: a dull frontal headache, insomnia, anorexia, a sense of chilliness, or hot flushes and cold chills, a sense of being tired, a feeling of weariness, of lassitude or languor; the person thus affected will get up in the morning more tired than when he went to bed on the previous evening. There will also be blurring of the eyes (asthenopia) due to congestion of the retina; anadrosis is complained of, and the respiration is sighing with a sense of constriction around the chest due to spasm of the diaphraghm.

The great aim of the science and the art of medicine has been to devise means for the prevention of disease. This is a simple matter here, and consists in treating the individual in the premonitory stage of the disorder. Thus insomnia is a symptom of the incipiency of sunstroke. Sleep is an involuntary function, and is performed by the ganglia. When the ganglia become weak and exhausted sleep is not performed, and insomnia ensues as a symptom of incipient disease and as a sign of gangliasthenia. The indications of the symptom demand the administration of a hypnotic, but the requirements of the sign call for a "sthenic." The bromide of ammonium not only meets the indications pathologically but fulfills the physiological design of the use of a remedy in a manner that no other medicine can equal. Give to a patient presenting the above symptoms, which in all probability under exposure would culminate in sunstroke, a few doses of this medicine and the attack is warded off, the mild condition is not intensified into the fulminant and deadly. A simple remedy prevents a strangely fatal disease, and one for which there has hitherto been no solution. And thus not only the highest aim of medical science is attained but the highest accomplishment of medical art is reached. The remedy must be continued in regular doses as a tonic (sthenic) until all signs of exhaustion have disappeared.

Suppose, however, that sunstroke supervenes! Let us suppose a case then. Time: a hot day in July, the air is close, sultry and stifling. Place: any street in one of our large cities. A man in the prime of life after many previous nights of unrest gets up this morning to resume the burden of the day. His business calls him into the street. He appears depressed, his movements are languid, and his usual vigor has deserted him. The fierce sun beats down upon him pent in between the brick houses whose glaring walls reflect the solar rays with redoubled ardor into the stifling air. A breath chills him. He cannot sweat. He feels suffocated. A wave of heat flashes over him. A sense of chilliness curdles his veins. He sighs for breath, he gasps for air. The creeping chills and heat flashes, follow in quick succession. His eyes blurr and varying colors cross his vision. Vertigo seizes him and he falls. Carry him into the shade and run for a doctor. The doctor comes. A diagnosis is soon made: "sunstruck." Here is a man who is hot and must be cooled. Ice is brought and the hydrant is turned on. Meanwhile the doctor discourses: "We understand this thing better than they did a generation ago. They used to bleed, and many a man has been sent to his long home, in the past, the victim of ignorance. But now we apply ice and cold water, and ether, and reduce the temperature, and afterwards rely on the forces of nature to work a cure." The most unlearned could do no less.

Let us change all this. First scientifically by prevention as pointed out in the preceding portion of this article. Second by proper treatment when an attack of the disease supervenes. The present methods of cure are simply barbarous, and unworthy of a learned profession. They take no cognizance of the pathology of the disease which is here explained. The ganglia have been overtaxed, and with the flulminant "stroke" are suddenly overwhelmed. Their nerve force ceases. The law of compensation steps in. The cerebro spinal nerves are called upon to supply nerve force to perform the functions of the body. Meanwhile the will is in abeyance, and mentality is of no value for organic life must be sustained. The operations of this nerve force out of its own channel are irregular and abnormal. Hence hyperthermy, congestion and unconsciousness. What are the indications? Restore the operations of the ganglia. Effect equilibrium, correlation and co-sthenicity between the two grand divisions of the nervous system and hyperthermy is banished, congestion is relieved and consciousness returns. The only agent capable of accomplishing this is the bromide of ammonium. Doses of this may be given every five minutes in the height of an attack of sunstroke, and afterwards at lengthened intervals.

I have frequently prescribed it to patients, who have recovered from sunstroke, in their immediate convalesence. They described the sensation it produced as being like an electric shock, and said they felt a tingling in the tips of their fingers and ends of their toes. The continued use of the bromide in these cases had the same effect as was noted by Dr. Gibbs, who first specially called attention to the action of this salt in the *Lancet*, vol. 1, 1868: "There was an improved appearance in the countenance which the persons themselves were quite aware of. There was seen in them besides a decided clearness of the eye; the face was brighter, the integument not being so greasy; the mind seemed more active and the bodily energy was greater. Crowsfeet disappeared, the skin became smooth and the persons looked youthful and cheerful.

Hypotheses are guesses at the truth, but what shall be said when the truth is at last guessed? There have been many previsions which were correct though they were not capable of the proof at the time they were made. In 1819 Dr. Richard Gratton (*Med. Chir. Rev.*, vol. 1, p. 142) said, "passive congestion is secondary and depends on a peculiar state of the nervous system, the only part primarily and essentially affected. In what this condition of the nervous system consists I do not presume to explain, and I fear it is one of those secrets which nature will forever conceal from us." Here, at last, this one of nature's riddles is solved—the secret is wrested from her keeping. The condition is explained and the remedy in its mighty simplicity is furnished. Tho proof rests with the profession.

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Some Questions on Gangliasthenia.

BY W. L. COLEMAN, M. D., HOUSTON, TEXAS.

I have read with intense interest Dr. Wood's article on "gangliasthenia," published in your excellent journal, and while his theory seems rational and philosophical, yet I am inclined to think he has been rather hasty in calling those who believe in blood poisons "blind leaders of the blind who have looked no further than the end of their noses;" time may prove that his vision has not penetrated many inches beyond the end of that organ. "The present state of our knowledge," is very unsettled, and we are only upon the threshhold of new discoveries and important truths. But may not future generations laugh at our theories as we do at those of the past, when they think how men believed in such monstrous and absurd ideas? But I admire the doctor's bold, vigorous style, and, hoping his investigations may result in much good to the profession I can heartily bid him god-speed. As I am a learner not a leader, and I would like to ask him a few questions. He says "passive congestion of the blood exists as a pathological condition in cholera, typhus and yellow fevers, and that passive congestion of all kinds is due to gangliasthenia." I endorse this, but pray tell me how this gangliasthenia is produced in the first place. I cannot comprehend how the poison of any specific disease gets into the system and acts primarily upon the ganglia or any other part of the nervous system, for it must be admitted that in all specific diseases there is a something, call it a germ, poison, or what not, that invades the system and under favorable circumstances invariably produces that specific disease. Take the bite of a rattle-snake, will any one deny that there is a poison there and that it is injected directly into the blood, and through the blood affects the nerve force permeating the blood, thus producing gangliasthenia and consequent functional derangement, and a reign of terror and confusion throughout the whole organism! Take again that fearful pestilence which "walketh in darkness and destroyeth at noon-day." —yellow fever. How does that unseen, unknown poison, germ, animalcule, vegetable spore, or whatever it may be, get into the system and what is its primary effect? I have had three opportunities in my life of tracing an epidemic of that dreadful disease from its incipiency, in places where it had never prevailed before. A man comes from an infected district into the village and in a few days is stricken down and dies of yellow fever. His attending physician and nurses are in a few days smitten with the same disease, and so on, 'till all in the village who are liable to the disease are infected. I do not consider yellow fever in any sense contagious, or that any exhalations given off from the bodies of the sick or that their excretions will propagate the disease, and had that refugee been stripped of all clothing and brought nothing from the infected district, his physician and attendants would not have taken the disease, though he had thrown black vomit up all over them. The germs adhering to his clothing or confined in his trunk, finding an "atmospheric condition," suitable for their existence and propagation, soon filled the atmosphere of the doomed place. But this is foreign to the subject, and I would simply ask the doctor how did this something, this proximate cause of yellow fever brought to that place by this refugee, get into the system of his attending physician and produce gangliasthenia as a primary symptom? With the lights before me I am compelled to adhere to my theory that it was taken in with the air he breathed, the food he ate, the water he drank, and conveyed directly to the blood which is the life, and through its poisonous influence upon the vital stream affecting the whole ganglionic nervous system, thus producing gangliasthenia and passive congestion as a secondary symptom and effect. We have no antidote for, nor any remedy that will cut short or cure this disease, but in an experience of twenty-five years with it, I have found that all remedies which are beneficial in zymotic diseases give the best results and greatest number of recoveries, while anything like a nerve depressor only hastened the fatal result. In the great epidemic of 1878 I treated 280 cases in Memphis, loosing only twelve, and my main dependence was on the sulphites and sulpho-carbolates of soda, with an occasional dose of bromide of potassium or ammonium to quiet.

My questions are prompted by the kindliest spirit, with simply a desire for information, for while I have my theory I have no positive proof that it is correct, nor do I think the doctor has established his beyond controversy. Early in my professional career was I impressed with the idea of loss or diminuition of nerve power in disease, and in 1858 expressed the opinion that all persons were below par, so far as the vital powers are concerned, when the patient took his bed, especially in this enervating climate. When I first came to Texas, twenty-three years ago, an old physician told me he had bled all his pneumonia cases the winter previous and gave them tartar emetic, and had lost three-fourths of them. Profiting by his experience, and carrying out my theory in regard to the condition of the nervous system. I treated my cases the following winter with carbonate of ammonia, quinine and camphor, losing one out of thirty-three. I had a noble teacher, and one who was in some respect, in advance of the age, Prof. H. F. Campbell, of Augusta, Ga., and it is to him

I feel that I owe all of my success in the practice of medicine, and especially my knowledge of the nervous system.

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Jaborandi and Belladonna in Opium Poisoning.

REPORTED BY F. L. BARDEEN, M. D., ROCHESTER, N. Y.

The following case I believe to be exceptional, and therefore worthy of being put on record :

On Sunday, May 1st, I was called up at 1 A. M., and on going to the door found a lad with an empty bottle who desired to know if I could tell what it had contained, and if it was poisonous. If it was I was to go immediately to Mr. M's, etc., etc.

On examination I found it to be laudanum, a few drops still remaining. I hastened to the house, half a block away, and there found a gentleman about 45 years of age, fast becoming comatose. He could be aroused with difficulty. From the family I learned that about half or three-quarters of an hour before he had obtained the bottle mentioned—a two ounce vial, full excepting what little had evaporated by standing—and drank it all.

The patient was in the habit of going on "sprees," and at this time was just home from one. It was taken with intent to commit suicide, he believing in his drunken stupidity that his family and friends—among the very best citizens of this city—were all conspiring against him. He was not in the habit of using the drug in any form, never having taken a half dozen doses of it in his life.

The treatment consisted of emetics with warm water, strong coffee, belladonna, jaborandi and walking him about. I gave him four doses of mustard flour, each two heaped teaspoonfuls. The first failed to work, the second began to vomit him, the third and fourth at half hour intervals with copious draughts of warm water between did all that emetics could do. Strong coffee was administered and kept down as much as possible, although it was thrown up at times.

Shortly after the last dose of mustard operated, two strong men took him into the street and walked him up and down the block, shaking, dragging, and making him walk as much as possible. About once in fifteen minutes he has taken in and given from five to eight drops of fluid extract belladonna and coffee, until he had taken four doses of the drug. The coffee was given continuously. No alcoholic stimulants were given as I believed he had even more than was good for him at the time.

After working over him for six hours I considered him out of danger. I left three half-drachm doses of jaborandi to be given once in forty-five minutes. This I gave to relieve the throat symptoms, and also to relieve the system, through the skin, of laudanum necessarily absorbed, more or less. I also gave smaller doses of jaborandi, (gtt. v–x) as long as the dryness of the throat continued.

On calling about 10 o'clock I found the patient in a profuse perspiration, and a strong odor of laudanum pervading the bedroom and bedclothes, and even extending to an adjoining room.

In the afternoon of May 1st he had some symptoms of delirium tremens and spells of vomiting. The latter were very well controlled by bits of ice in the mouth and stomach, and sub. nit. bismuth. The delirious symptoms subsided.

Iced milk was given as food in tablespoonfuls at a time. Some patches of vesiccated mucous membrane from the stomach were vomited, but no serious gastric symptoms presented themselves. The bowels were moved by castorine on the third day. On the fourth he was up, and on the fifth was out of doors.

I do not know that jaborandi has ever been used in a case like this, but it certainly reached a part of the system out of reach of emetics and cathartics, and in a very prompt and efficient manner. Even members of the family remarked the strong opium odor during the diaphoresis.

I have been somewhat particular in reporting this case. The NEWS reaches a large number of young practitioners. This may serve to help them form a general plan of procedure in their first case of a like kind.

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Selections.

RULES FOR THE USE OF PESSARIES.—Dr. Paul F. Munde, of New York, made a brief recapitulation of the rules governing the introduction and supervision of vaginal pessaries, (including vagino-abdominal,) which may facilitate the remembrance of the directions:

1. Always be sure of the diagnosis of the nature and degree of the displacement before resorting to a pessary.

2. Always replace the uterus before applying a pessary. This applies particularly to retro-displacements. It is well to replace the uterus repeatedly, every day or twice daily, for several days before introducing a pessary. The replaced organ may be supported by cotton tampon in the interval if it is desired to distend and toughen the vaginal pouch; or the object of relaxing the abnormally stretched uterine ligaments may have been obtained by the mere repeated replacement. In flexions, chiefly ante-flexions, the frequent straightening of the uterus, or conversion into the opposite flexion by the sound, will often prove beneficial before introducing a pessary.

3. Never insert a pessary when there is evidence, by the touch, of acute or recent inflammation of the uterus or adnexa, or when pressure by the finger on the parametrium (where the pessary is to rest) gives decided pain.

4. When the uterus is not replaceable, that is, when adhesions bind the fundus down, use great caution and discrimination in deciding whether an attempt should be made and is justified by the symptoms, to elevate the fundus by manual or instrumental means, or whether the elevation should

first be tried by the gradual elevation of a pessary (this applies only to retro- and latero-versions.) If neither is to be recommended do not introduce a pessary until local alterative and absorbent measures have affected a resolution of the adhesions.

5. Always choose an indestructible instrument, if possible. This does not apply to prolapsus uteri.

6. Always measure and estimate the vagina carefully before choosing a pessary, and be careful to adjust the pessary in every particular (size, curve, width) to that particular case. No two vaginæ are exactly alike.

7. If the vaginal pouch is not sufficiently deep to accommodate a pessary, (anterior pouch for ante-displacements; posterior pouch for retro-displacements,) defer the attempt to fit a pessary until the pouch has been deepened by daily tamponing with cotton, or by the upward pressure of a Cutler or Thomas vagino-abdominal supporter. Or the pouch may be gradually deepened by using first a small (slightly curved in retro-displacement) instrument, and gradually increasing its size (or curve) until the desired size and shape for permanency is reached.

8. Never leave a pessary in the vagina which puts the vaginal walls to the stretch, and which does not permit the passage of a finger between it and the wall of the vagina. This does not apply to prolapsus uteri.

9. A vaginal pessary which projects from the vulva, is displaced.

10. A pessary which gives pain must at once be replaced by one which is painless.

11. A well-fitting properly-chosen pessary should not only give no pain, but should be a direct source of comfort to the patient.

12. Always examine a patient on her feet after introducing a pessary, or when it is desired, at her return, to ascertain its efficiency in sustaining the uterus during walking and exertion.

13. Always tell the patient that she has a pessary in her vagina, or she may not return in spite of your directions, and the pessary may remain for years to her ultimate great discomfort and danger.

14. Always tell the patient to return within a week after the first introduction, in order that the position and working of the pessary may be looked after, and that, if it does not suit, it can be removed and a better one inserted. Tell her that several trials and various instruments may be required before one is found which she can wear permanently. Also let her return for inspection once every four to eight weeks, as the case may require. Tell her that if she fails to do so the pessary may cause ulceration, for which treatment will be needed.

15. Tell the patient that she will need to wear the pessary for months, perhaps years, before a recovery can be expected.

16. Never introduce a pessary which the patient cannot remove herself.

17. Tell the patient to remove the pessary herself if it gives pain, and show her how to do it. When she has removed it let her present herself at once for examination.

18. Tell the patient to use daily vaginal injections for cleansing purposes. If she notices profuse discharge, add astringents; if the discharge is sanious or purulent, let her come at once, as the pessary has probably caused abrasion.

19. Tell her on removing a pessary to test the result; that the permanence of the benefit obtained therefrom cannot be determined for several days or weeks.

20. Always direct your patients to relieve all superincumbent pressure on the pessary by a proper support of their skirts; and if the displacement be anterior, aid the internal supporter by an abdominal (supra-pubic) pad.

All pessaries may be introduced in the knee-chest position when it is desirable or possible to replace the uterus only in that position.

A Sims' speculum elevates the perineum, the air enters and expands the vagina, and the pessary (chiefly in retroversion and prolapsus) is introduced by touch and sight, and the patient laid over on her left side. For aggravated retroversion and for prolapsus of ovaries or uterus, this position offers many advantages over the left semiprone decubitus. Care must be taken to remember that the position of the patient is reversed, and that the pessary must be introduced accordingly.—*Proc. Am. Med. Assoc.* —*Va. Med. Monthly.*

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IS SECONDARY SYPHILIS COMMUNICABLE AS SUCH? Dr. G. M. B. Maughs, of St. Louis, read a paper in answer to this query before a late meeting of the St. Louis Medical Society in which he gave it an affirmative answer. For the convenient presentation of his views he placed his arguments in the three following propositions:

1. Secondary syphilis is communicable as secondary syphilis.

2. The accidents of secondary syphilis may be transmitted from a diseased to a sound person by contact of the secretions without abrasion or lesion of surface, and as a law such accidents are transmitted in kind.

3. When lesions do exist at the point of contact such lesions are not chancres.

These views, it will be observed, are directly contradictory of those of Hunter and his disciple Ricord and their school, who hold that the primary ulcer in the period of its extension is the only source of syphilitic poison." That is that infection can only occur from the matter secreted by a chancre, thereby denying the transmissibility of secondary accidents as such. The fact that syphilis is transmitted from the secondary lesions is undeniable, but Ricord and his followers hold that is always through a lesion of continuity, and that the point of contact became an ulcer, which ulcer was a chancre whereby the syphilis reasserted itself by the production of a chancre, from which the secondary symptoms followed, as in the law of syphilitic evolution. The first to dispute this theory was Vidal of the Hospital du Midi, who succeeded in directly transmitting secondary ecthyma by inoculation, that is without the intervention of the chancre, or primary sore. The first successful case of such transmission was, of course, denied by Ricord, but soon the array of cases became so formidable as to force from him the admission of its possibility.

In support of his second proposition Dr. Maughs cites a case from his own practice. A gentleman contracted syphilis for which he was treated with mercurials and to all appearances completely relieved, there remaining not the slightest trace of secondary lesion of either skin or mucous membrane. Some two years after he married, a short time after which he noticed roseola, and shortly thereafter his wife presented a similar eruption. He had not and had never had sores on mouth or lips. The most careful examination threw no doubt on his assertion that he had had no abrasion or lesion of continuity on the genitals since his marriage. A specular examination of his wife showed no mucous patch on the vaginal wall nor abrasion or erosion of the os or cervix, neither had she ever been pregnant. The syphilis had been communicated by absorption of the diseased secretions (semen most likely) of the husband by and through the sound tissues of the healthy wife: a physiological absorption. It will not do to say that there existed a chancre that was overlooked on the examination. Such an assertion or supposition is the merest assumption as the patient had been under observation and treatment for dysmenorrhœa caused by flexion at the internal os before any signs of syphilis presented. The positive knowledge of a competent observer, who fails to see what he especially searches for and expects to see is more reliable than the idle guesses of any number of theorists. The proposition is further supported by ample quotations from authorities. Moreover, that syphilis can be communicated to the ovum or fœtus in utero without a chancre or lesion of any kind is not disputed, and it is fair to adduce this fact in further support of the proposition.

The third proposition is almost a corollary of the first, but in further support of it the remarks of it the remarks of Gebert are cited: "Thus to limit primary syphilis (its first appearance) to chancres, an urethral chancre in certain cases of blennorrhœa must be supposed, and chancres with flat primary tubercles or mucous pustules, and we must metamorphose into chancres certain, consecutive ulcerations of the tonsils, mouth or skin. Thus must we torture and interpret the instances of the tardy appearance of the secondary symptoms of syphilis, and the cases in which some of these accidents have been transmitted, a transmission which has occurred more than once from the intimate relations which exist between husband and wife, the nurse and her nursling, and between the latter and other children under the same roof." Vidal "says these ulcers on on the tonsels are not chancres," for a chancre is a primitive while these ulcers are consecutive accidents." Langston Parker says they are not chancres and so does Cazenave.

The practical lessons deducible from the facts given are enumerated by Dr. Maughs but they are too obvious to require mention here. The paper is a thoughtful one and well repays perusal.

CEREBRAL HYPERÆMIA, EXHAUSTION, AND VASOMOTOR WEAKNESS.—F. P. Atkinson, M. D., in the *Practitioner*, after tracing out the pathological points involved in the above conditions, says:

"The mere amount of blood circulating through brain must of necessity influence to a material degree its power of acting. Mechanically the pressure of undue quantity, or conversely the removal of the accustomed pressure, must affect the relations and functions of such delicate structures, and the nerve-cells and nerve fibers. Excessive hyperæmia and pressure tend in all probability to produce stasis of the red and white corpuscles, together with blocking of the minute vessels, and consequent delirium and stupor." Some persons are the subjects of a naturally week vasomotor system, and Dr. Hume, in the *Practitioner* of July, 1879, has very accurately described the distinguishing characteristics of those who are so afflicted. "They have," he says, "a soft, moist eye, a dilated pupil in a blue iris, and a thick, drooping upper eyelid. The nervous system, not well balanced, is easily disturbed by excitement. The blood vascular system is weak, atonic, as shown by the irregular heart, subject to palpitations and tumultuous action on slight exertion or sudden emotion, the small irregular pulse, tendency to dilatations, and eventually varicosities of the veins, and the ready congestion of the capillaries upon exercise or alcohol being taken." From my own personal observation I should say that those who are thus constituted require longer rest than other people, and are easily upset by the use of alcohol, smoking, residence in a damp-warm climate, and sexual intercourse. Sexual intercourse especially seems to produce such an excessive amount of nervous exhaustion, that it is necessary that we should be able to recognize at once both the symptoms and the cause, and also to apply the appropriate treatment. The chief symptoms complained of is a sinking or vacancy at the pit of the stomach, which nothing seems to relieve, not even food; with this there is a feeling of drowsiness, some pain and swimmy feeling in the head, and great irritability of temper. The patient's sleep is heavy, as shown by loud snoring, but it is unrefreshing, and broken by frequent and severe startings or muscular twitchings. On rising in the morning the patient complains of feeling giddy and light-headed; the tongue is dry and coated, and there is a nasty taste in the mouth; the breath is exceedingly offensive (the result of nervous exhaustion); the forehead and the body generally hot and dry; the eyes look congested. In bad cases the patient will tell you he does not seem to be able to pronounce his words correctly when reading aloud; or direct the movements of his hands as he wishes while writing, or his legs on walking. In very severe cases I have known complete loss of speech, varying from an hour or so to two or three days, and also of control over the movements both of the legs and arms.

The treatment in these cases should of course be directed toward controlling the cerebral circulation, and with this view four minims of the dilute hydrocyanic acid should be given every four hours (this has a sedative effect on the brain, spinal cord, and heart). Bathing the head with *cold* water two or three times in the day should also be strongly recommended, inasmuch as it acts as a direct sedative to the cerebral circulation. More than one patient has told me that chocolate relieves the sinking feeling at the pit of the stomach, and produces a more lasting effect than anything else; but what is really its action I can not say. Plenty of milk should be taken, but no alcohol. In severe and prolonged cases, when the immediate symptoms have passed off, syrup of the lactophosphate of lime and iron, with small doses of tincture of digitalis and nux vomica, or Kirby's compound phosphorus pills, are to be recommended, together with change to a bracing atmosphere.

I have thought it right to put down these few remarks on paper, as I have known some cases of cerebral exhaustion to be considered as cases resulting from syphilitic disease, and to be dosed with iodide of potassium till recovery seemed almost hopeless.—*Louisville Med. News.*

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ACTION OF CHLOROFORM, ETHIDENE, AND ETHER COMPARED.—In a "special article" in the *New York Medical Journal* for May, 1881, Dr. Gaspar Griswold, of New York, thus compares the effects of these anæsthetics: *Clinical.*—1. The dose (administered on a towel) is greater with ethidene than chloroform; the time required to anæsthetize the patient is longer with chloroform. 2. Vomiting is equally frequent in the case of both agents, but is more protracted in that of chloroform; this symptom occurs independently of the duration of anæsthesia or the quantity of anæsthetic administered. 3. With both agents the pulse is retarded and falls, while the respirations become more frequent; these changes are more frequent and more marked with chloroform. *Physiological.*—1. Chloroform and ethidene, in animals, reduce the blood pressure decidedly—chloroform more rapidly and more decidedly; ether does not affect the blood pressure unfavorably. 2. Chloroform may reduce the blood pressure suddenly and apparently capriciously; ethidene has not been observed to do this. 3. In one instance, artificial respiration restored a dog whose heart had stopped beating, for a considerable time, from the effect of chloroform; it is therefore an efficient means of resuscitation. 4. Ethidene seems much safer than chloroform; in no instance has the heart or respiration, though sometimes much reduced, stopped entirely during its administration. 5. Chloroform affects the pulmonary circulation most; ethidene next; ether least. 6. The quantity of air and the time required to restore the circulation in the lungs are in inverse ratio to the amount of anæsthetic vapor and the time necessary to stop it. 7. The changes produced in the lungs are the same in all, the only difference being in the rapidity of their occurrence; these changes are: (1) retardation and ultimate stoppage of the circulation in the lungs, first in the capillaries, then in the arterioles, etc.; (2) the epithelium cells and their nuclei disappear. (3) the capillaries contract, their walls become less distinct or disappear, and the contained corpuscles disintegrate. *Practical.*—1. It is necessary to remember that frequency of the respirations denotes heart failure, and that diminished blood pressure may show itself by respiratory failure from anæmia of the medulla. 2. It is essential that the possibility of chloroform and ethidene—especially chloroform—reducing the blood pressure suddenly, even after their administration has been stopped for some little time, should not be lost sight of. Artificial respiration should be continued, even though all evidence of cardiac action has ceased. 3. As regards comparitive danger, the order is: chloroform, ethidene, ether; as regards facility of resuscitation, the order is inverted: ether, ethidene, chloroform. 4. The danger with chloroform is silent and sudden, approaches from the cardiac side, and is difficult to meet; the danger with ether is noisy and progressive, approaches from the pulmonary side, and may be efficiently warded off by artificial respiration. Ethidene resembles chloroform, but is less dangerous.

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NEW METHOD OF APPLYING NITRIC ACID AS A CAUSTIC.—W. R. Speirs writes as follows to the *London Practitioner:* The fact that no hint, however simple, should be lost for want of recording, if it be efficacious in practice, must be my excuse for asking you to publish the following account of the treatment of a facial nævus by the application of a strong and fuming nitric acid.

In February, 1880, I was consulted by a lady whose infant, then six months old, had a nævus about the sive of a hazel-nut situated on the left cheek, close to the outer canthus. In fact its upper margin encroached so much upon the palpebral surface that it might more properly be described as a nævus of the lower eyelid. It was an ordinary capillary nævus, and the skin covering it was thin and discolored. It could be almost emptied by compression, but quickly reappeared when the pressure was removed. As it was increasing rapidly in size, the mother was anxious that I should interfere. In deciding upon the plan of treatment to be followed it was necessary to take into consideration the situation of the tumor and the important and delicate structures in its immediate vicinity. It was also desirable that the cicatrix should be as small as possible, and that no contraction of the skin should occur to cause ectropion. The child had already been vaccinated, or I should have been disposed to adopt, what I have found a very successful plan with small nævi, namely, vaccinating the tumor. Ligaturing in any form did not seem to be a method of treatment that would be applicable in the present case; and the actual cautery would have been equally inadmissible. The application of a strong caustic, such as nitric acid, seemed most feasible, but the method of using that remedy recommended by Mr. Syme (an account of which is given in vol. v., of Holmes' Surgery) appeared to me to be troublesome and too painful, from the length of time it required, to be suitable in the case of so young a child. The following mode, however, proved highly satisfactory, and besides was easy of application. I took an ordinary two-ounce vial, selecting one with as wide a mouth as possible. Having broken off the body close to the neck, I inverted the latter over the nævus, pressing the rim of the glass firmly down upon the skin. This had the effect of forcing the tumor well up into the neck of the vial; and when the acid was applied by means of a pipette, it acted freely upon the whole surface of the nævus. Before removing the vial neck I carefully mopped out all excess of acid with some cotton wool on a probe. I then had the satisfaction of beholding a well-defined circular slough, rather depressed, but with clean cut edges as if a punch had been used. The child suffered very little pain, and was easily pacified by being put to the breast. The action of the acid was found to have been entirely confined to the tumor, which was completely obliterated. No unnecessary loss of tissue took place, and consequently no cicatricial contraction or distortion of the eyelid.

It is now twelve months since the operation was performed, and the scar is scarcely preceptible, only becoming slightly crimson when the child cries.

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THE QUESTION OF MOBILIZATION OR IMMOBILIZATION OF DISEASED ARTICULATIONS.—Verneuil (*Cbl. f. Chir.*, No. 10, 1881; from *Bull. de la Société de Chirurgie*) states four circumstances under which, usually, artificial mobilization of a joint is sought: 1, to overcome an existent anchylosis; 2, to improve an imperfect or inconvenient position; 3, to increase the mobility of a joint as yet not completely anchylosed; 4, to prevent anchylosis.

In order to establish his position (favorable to immobilization), in opposition to the prevailing custom, Verneuil begins by asserting that no single case exists in science which goes to prove that a long-continued immobilization of a *sound* joint can cause anchylosis. On the other hand, numerous cases are on record where healthy joints have rapidly gained their normal mobility a very short time after being released from long-continued immobilization. The conclusion is that healthy joints do not become anchylosed even after long-continued rest. How is it with diseased joints?

Granted we desire to give rise to anchylosis, what do we do? Fix the joint? Not at all. We endeavor to excite purulent inflammation of the arrticular cartilages. An "anchylophobist" must now immobilize the joint, to prevent anchylosis. But experience has shown that immobilization is the surest way to prevent inflammation, and the danger of anchylosis increases with the intensity and duration of the inflammation. Thus, anchylosis is here best prevented by keeping the joint quiet. Nature itself shows this; for the neighboring muscles are found contracted, or at least, as Verneuil expresses it, in a state of extreme vigilance. What justifies us, therefore, in blaming the immobilization in this case, and not much rather the joint-affection, in case anchylosis occurs? Conclusion: diseased joints do not become anchylotic by immobilization, but as a result of the peculiar form of inflammation and its deleterious effects.

Verneuil goes on to show that anchylosis is a much rarer result in the various joint-affections than is generally supposed, and that, on the contrary, too great anxiety and fear of anchylosis has led, especially in fractures near joints, to premature attempts at mobilization, with the result of doing more harm than good.

When anchylosis does occur, following long-continued immobilization, the cause is to be found either in the severity (or variety) of the inflammation (blennorrhagic arthritis, inflammation of the joint in osteo-myelitis,—occurring in the neighborhood of the epiphyses,—arthritis of pregnancy) or the position of the fractured fragments hindering the normal function (as in fractures into joints). In other cases, although stiffness may last for a while, yet in the course of time nature will restore the joint to its normal condition.—*Med. Times.*

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EFFERVESCENT BROMIDE MIXTURE IN NAUSEA.—The following, which makes an effervescent preparation of bromide of potassium, is spoken of by Dr. Cheron as an agent of great value in the nausea due to utero-ovarian irritation: Two mixtures are made, one containing two parts each of potas. bicarb. and potas. bromid. to sixty parts of water; the other is a compound of citric acid four parts, syrup forty, and water one hundred and twenty. A teaspoonful of the first is mixed with a teaspoonful of the second and the resultant mixture briskly stirred and taken. Cheron claims that this combination of effervescents and bromides effect more than either singly; and that in pelvic peritonitis it arrests both the desire to vomit and the vomiting, even in the acute stage of inflammation.

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EMULSION OF TAR.—This form for the use of tar either internal or external is the best means of securing its effects and presenting for its administration. Tar water is too liable to alteration. Solutions made with the help of alkalies are for some purposes objectionable, and by the process of maceration and concentration in a water bath, the volatile and better constituents are lost. By the aid of saponin from soap bark, an emulsion can be made containing the active ingredients. In using the tincture of soap bark for this purpose, not enough saponin can be taken to produce toxic effects.—*Pacific Medical and Surgical Journal.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Detroit Board of Health.

This city has heretofore held a somewhat anomalous position among progressive and enterprising American cities in regard to public health. It has never had a board of health nor other organized system of sanitation which took cognizance of anything likely to affect the health of its citizens, unless it has been to correct such noisome nuisances as appealed directly to the sense of smell. The most effective means the city has probably ever had for the removal of deleterious influences has been the sanitary squad of the police department, but when it is considered that this squad is composed of men who have no scientific training, it is not to be wondered at that it has never regarded anything as deleterious which does not smell bad. For many years the remarkable natural facilities of the city for drainage, its never-failing supply of excellent water, and its broad, well-paved, and well-shaded streets, in spite of the neglect of proper sanitation, secured to the city a remarkable immunity from sickness and a very low death rate. These advantages, however, as might have been expected, were insufficient in themselves to secure a permanently good showing in regard to the health and lives of its citizens, and the death rate has during the past year or two been higher than that of cities of corresponding size and very inferior natural advantages.

A probable cause of this unfavorable showing lies in certain defects in the sewerage. The city has now in operation 75½ miles of public sewers, and 94 miles of lateral or branch sewers. The mains extend from the river back to a distance of about two miles, the laterals branching off to side streets and alleys as required for private use and public connections. The sewers are constructed of brick and are generally of an egg shape, with sufficient grade to keep them clear of deposit with the ordinary supply of water. The sizes of the sewers have been calculated for a rain fall of not less than one inch per hour and the usual increment from house drainage. The defects in the construction are noticeable in the numerous sags which occur, and which allow of deposits of decomposing matter. The absence of any system of sewer ventilation is a constant source of danger, and more especially so since the passage of an ordinance requiring all privy vaults within a distance of 100 feet of the sewer to be connected therewith. The opening of a man hole into a main sewer creates a stench in the whole neighborhood. Our sewers are, however, not peculiar in this absence of ventilation, this being a cause unfavorably affecting the public health in most large cities.

The profession of the city have individually and collectively at various times called attention to the evils here mentioned as also to others scarcely less obnoxious but the quasi boards of health which have been organized at various times in the city's history have been powerless for reform. At last a means of relief has been created. The legislature has just passed a bill creating a Board of Health which has in it the possibilities of effective work. The Board is to consist of three members, who shall receive their appointment from the mayor subject to the approval of the common council. This Board is to serve without remuneration but it shall appoint a secretary, who shall also be the Health officer of the city and shall receive a salary not to exceed $3,000 per annum. A Board thus constituted is, in our opinion, capable of more effective work than one cumbersome from its size, as one with a large number of members would be likely to be. By a proper harmony between the new board and the common council, which latter body has alone the power of making the necessary appropriations, we look forward to the placing of Detroit in its proper position among American cities in the matter of sanitation.

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Diseases of Shop Girls.

There is a very general impression that shop-girls, or saleswomen, are peculiarly liable to uterine displacements and menstrual irregularities, and that the cause lies in the fact that they are obliged to remain standing for so many hours out of the twenty-four. It, of course, does not require a practiced eye to detect evidences of constitutional debility among this class, but these are clearly traceable to other causes operating equally on all who are overworked and lead an indoor life. In the efforts at legislation in some eastern cities on behalf of these employés, the great end to be attained is apparently a statute making it obligatory for employers to provide seats, and to permit of their use while the customer on the opposite side of the counter is leisurely examining the fabrics. Doubtless a rest of this kind would be very grateful, but the assumption that it would prove a prophylactic against the derangements and displacements to which these women are said to be prone, is not so evident. In the first place there are no figures to show that this prolonged upright position is productive of the evils claimed. Indeed the plan of interviewing the shop girls of New York a year or so ago, was an unqualified failure, in so far as it was intended to elicit any information on this point, the girls in the majority of instances either refusing, through fear of giving offense to employers, to give any information on the subject, or sharply resenting the inquiries as a piece of impertinence. This is a question of such a nature as requires exact information, and mere reasoning on it is not sufficient. If the prolonged standing is a cause of the troubles indicated, legislation to prevent it is a pressing duty, but it would be folly to legislate against a myth.

The most exact information bearing on the question which we have seen, was brought out in a paper, and the discussion on it, read before the Medical Society of the County of Kings, New York. The paper was by Dr. D. E. Chace, in which he gave an analyis of the ailments of 150 patients of the shop girl class occurring in his practice. Of this number 10 had phthisis, 20 had anæmia, 40 suffered from amenorrhœa, 22 from dysmenorrhœa, and 4 from prolapsus uteri. The cases of prolapsus occurred in widows, and may hence be ascribed to other causes than prolonged standing. These figures certainly do not argue that standing is productive of the evils claimed. The same number of cases of illness occurring among any other indoor class of females would probably show an equally large percentage of the affections peculiar to the sex.

If shop-girls are less healthy than girls of other indoor avocations the testimony thus far advanced scarcely shows standing to be the cause. They have operating on them causes peculiar although not necessarily connected with their calling. A different class of girls seek this employment from those following other means of a livelihood. They are generally of the more intelligent and ambitious class, the majority driven to labor and seeking this on account of its respectability, and some the children of people in moderate circumstances, to earn the means for dress and display beyond their station. The former have that mental worry inseparable from the struggle with five or six dollars a week to keep the wolf from the door, disappointed ambition, in many instances, a future penetrated by but few rays of hope, with habitual deficiency of food and insufficiency of clothing as potent factors in the causation of their ill health, which those who would better their condition through legislation take little cognizance of. When uterine derangements occur among the latter class, their habits rather than the standing will usually reveal the cause. These are they who shine at parties and church socials, and dress balls, who in addition to the demands which they impose on their vitality by their daily work, tax it by aping the dissipations of the daughters of the wealthy, who are permitted to take during the day the sleep and repose which they banish at night.

Homœopathy and the Public.

The blood of the martyrs was the seed of the church. There is in man an innate sense of fair play, and a sympathy for the under dog. Homœopathy owes much of its prominence to these commendable traits in human nature, and, with the wisdom of the serpent, its practitioners have utilized these traits in securing for themselves the entree to intelligent and good paying families. This is a trite fact, and has been commented on by scientific physicians in every community. In every one of the unwise encounters which regular medicine has had with this delusion, the latter has raised the cry of persecution, and so many are the facts in support of the alleged intolerance of the former that homœopathy has come out of every squabble with a strengthened grip on public sympathy. It was through the cry of oppression of the weak aided by the intemperate opposition on the part of certain "regulars" that a department of homœopathy was established in our State University. The same cry was raised to very good purpose during the present session of the legislature, and came very nearly securing the establishment of an Eclectic department, and in all human probability it will yet succeed with some legislature in the near future. The people are not educated in the distinctions between the schools, and disregarding them *in toto* they fall back on the fundamental principle of American government, that one man is as good as another (in the eyes of the law), and has just as much right to sate himself with public pap.

The fight which regular has waged against irregular medicine has added importance to the latter and and it might not be unprofitable for the champions of orthodoxy to consider the advisability of fighting hetorodoxy with other weapons, or of changing their tactics. It has been urged that homœopaths should be met in counsel, the consultation to be confined to the question of diagnosis, after which the patient or friends should be left free to decide in regard to the treatment to be followed. There is something practical in the suggestion. The honor of the regular profession is a thing to be held in high regard, but it is to be feared that a quixotic sentiment regarding it has been productive of harm rather than good.

Miscellany.

Splenotomy.—The following communications have been received on a case which has excited considerable interest among the local profession. The patient had for several years been under treatment of a number of physicians for an enlargement of the abdomen, which had been variously diagnosed as due to enlargement of the liver, enlargement of the spleen and disease of the omentum. He had during this time suffered from no impairment of his general health, nor from any inconvenience other than that which was mechanical, and steadily continued his occupation, that of a waiter in a restaurant. He entered St. Mary's Hospital a couple of weeks ago, and under Dr. McGraw's advice submitted to an operation by that gentleman for the removal of his spleen. There are a number of rumors afloat regarding details of the operation, some of which are of an unpleasant character, but in justice to the operator we decline giving them publication, preferring to await the report of the manipulations with which Dr. McGraw will doubtless favor the profession.

We have only to add in regard to the criticisms which follow that, being *bona fide,* it is only in the line of our duty as a journalist to admit them to our columns. In such capacity we have no opinions on the matter at issue.

Dr. Hal. C. Wyman of Detroit, Mich., writes: "Dr. McGraw's case of extirpation of the spleen has called out a great deal of adverse criticism from the profession of this city. Defining the responsibility of the medical profession for the individual acts of its members, is, as the mathematicians say, making too nice an inquiry into values which cannot, perhaps, be exactly determined. As a body the profession bears a certain relation to the people. Its ideas of right and justice in various matters are regarded by courts as the true and correct law. The profession says that certain treatment for fractures or other injuries or diseases is proper. The courts decide that the physician resorting to such treatment exercises ordinary skill and is not responsible for damages which may have resulted to the patient.

The profession does not oppose progress. It is conservative in so far as is necessary to protect the lives entrusted to its care, and in the discharge of that duty never hesitates to call murder by its name. It recognizes what is called a "spirit of inquiry," loves to see its members reaching out in advance of the rank and file, and honors those who rise above mediocrity. The doctrine "*nil nova sub sole,*" has few defenders in the ranks of the profession. The demonstration of the circulation of the blood, and the benefits of vaccination, met with little opposition compared with the antagonism excited among the clergy by the various theories concerning the nature of sin.

The broad and liberal spirit of the profession has often been abused by what has been called a rash and indiscriminate rivalry among recklessly ambitious practitioners, until by its silence it has appeared to sanction schemes deadly to life and limb. Accidents are recognized as factors in the sum of good which results from the careful and conscientious practice of surgery. They are, and for years have been, defined with tolerable accuracy. The competent surgeon, in the calm exercise of his judgement, unhampered by desire to outrival his fellows, calculates the curative power of the operation he is about to perform.

Splenotomy, viewed from any point, flavors of that brutal surgery which caused the decline of the art in France. Of Dr. McGraw's case, the morning papers stated that the spleen removed weighed nineteen pounds, and that the patient was too feeble to endure the shock. The doctor will, no doubt, in due time give a fuller acount of the case for the professional reader. It uggests, however, the following questions: 1st, Is xtirpation of the spleen a legitimate surgical operaion? In reply, there are records of several cases in which the spleen has been removed and the patient survived. The first operation is said to have been performed by Italians in 1549, so long ago that the descriptions of the case are likely to have been warped to suit the convenience of more recent operators. The second successful case occurred in service of M. Pean, surgeon to the hospital St. Louis, Paris. A young woman was placed upon the table to have a supposed ovarian cyst removed. On opening the abdomen the spleen was found to have undergone cystic degeneration and was removed. Several traumatic cases of hernia of the spleen have recovered after removal of the protruding organ.

Dogs have survived removal of the spleen; and subsequently it was noticed that their progeny were spleenless, a fact which assists in the opinion that the function of the spleen can be performed by other organs without injury to the health of the animal. Students of physiology are well aware that dogs often die after removal of the spleen. In canine surgery it is doubtful if the results of splenotomy would legitimize the operation. Several great surgeons have removed the spleen when it has been unexpectedly encountered, and have published the fatal termination of their cases. Spencer Wells, Kuehler, Quittenbaum and Kœberle have each failed to remove an abnormal spleen successfully. The number of fatal cases which have occurred since the revival of the operation by Pean's successful case, will never be known. The successful cases have all been published. In view of the facts indiscriminate removal of diseased spleens cannot be sanctioned by the profession.

2nd. Under what conditions may the operation be a just and proper one? Men of wide experience in abdominal surgery publish the opinion that quality has something to do with the legitimacy of the removal of abdominal tumors. The reports show that a small percentage of cases of spleens removed when the abdomen has been accidentally opened, have been followed by recovery.

In Dr. McGraw's case there was an enlarged spleen of nineteen pounds weight. "The tremendous fragility of the vessels was something astounding," hemorrhage was unavoidable and death might have been hastened by it. Any person who has studied the spleen in living animals knows the difficulty in guarding against hemorrhage when the rich plexus of veins which emerges from the hylum are manipulated. When those veins are enlarged and made more tortuous by abnormal increase of the spleen, perfect control of them by ligature becomes impossible. In spleens enlarged to several times their normal weight the volume of blood, that would be taken from the general circulation by removal of such enlarged organs or ligature of their vessels, becomes an item of importance and may be sufficient to induce fatal syncope. It has been attempted to drive this blood into the general circulation and thus diminish the dangers of extirpation, by ligating the splenic artery, shutting off the blood supply; and then squeezing the blood out of the engorged organ through the portal veins and capillaries of the liver, by manual pressure. Those who have tried such procedures on lower animals know that they would result in failure if attempted upon the human subject. The simple attempt at passing the ligature about the splenic artery, so intimate is its relations to the veins, would be likely to induce serious hemorrhage.

In case the artery was fortunately secured, manual pressure sufficient to carry the blood from the spleen into or though the liver would certainly cause irreparable breach in the walls of the veins. These facts a Gross or a Billroth would have demonstrated upon dogs and not on the human subject. They do not justify the removal of spleens which have undergone general hypertrophy. The writer believes that a careful study of the anatomy of diseased spleens, of the results of surgical experiments upon the organ in lower animals, and the reports of cases where it has been accidentally encountered and removed, would be sufficient to deter the conscientious surgeon from bringing odium and disgrace upon the profession by the indiscriminate performance of an operation which experienced and studious practitioners regard as of doubtful propriety."

"A CONSERVATIVE" contributes the following anent the above case: "Prof. John T. Hodgen, of St. Louis, in his presidential address before the late meeting of the American Medical Association, divided surgeons into two classes: the one comprising the bold, the enterprising, the ambitious and the reckless of our profession; the other, the timid, the conservative, the cautious and the procrastinating. The former is made up of young men, and the latter are those whom experience has taught its grave lessions. He might, and indeed should, have made another class: those who, like Napoleon, regard human beings but as means to a single end, and that end the bauble reputation. This is a class for whom experience has no lessons but who, shielded from consequences by the possession of a diploma, seek opportunities, (create them), and dare any operation which has in it the possibility, be it ever so remote, of creating for them a name. The recklessness of human life which such display is the black spot on the escutcheon of modern surgery. The only excuse which they require is a previous attempt at the operation by some one else, all discrepancy between the ability of their predecessors and themselves being wholly ignoerd.

"Simon excises a kidney, turns an aberrant ureter into the rectum, touches, through the natural passages, a stone in the kidney; and immediately hundreds of ambitious surgeons are seeking kidneys to excise, ureters to turn, and renal calculi to touch. Battey removes an ovary for the relief of an obscure nervous disorder; and forthwith ovaries are removed for almost every imaginable nervous disorder. Billroth cuts out a cancerous larynx, or a diseased pylorus; and at once a demand springs up for similar cases, and the daring operations are repeated in all the four quarters of the globe."

Some one performs a splenotomy, and immediately there springs up a demand for spleens to be removed, and some poor, ignorant, miserable dupe with an "ague cake" is induced to submit to an operation, than which the removal of an enlarged liver would scarcely be more fatal. He never leaves the operating table but as a corpse, but what of that! If, perchance, he had lived long enough to have allowed of a report of the operation, the great end of his creation, the glorification of the surgeon, would have been fulfilled. There is no redress. With a diploma and the extension of an invitation to a dozen hangers-on to be present at the operation, some daring feats may be attempted in the name of surgery."

THE DANGER AND DUTY OF THE HOUR.—Dr. William Goodell, of Philadelphia, delivered the annual oration before the Medical and Chirurgical Faculty, of Maryland, April 14th. His subject is designated by the above caption. We give the following abstract from the address as published in the *Medical Record*:

This subject had suggested itself to him as a suitable theme for his address, during his holiday travels last summer. He was then struck by the scarcity of children, and on inquiring the cause of it was informed that the wives did not wish to have them. Then the notices of several divorces and wife-murders attracted his attention in the daily papers. The scene of a stalwart husband patiently waiting on a delicate, exacting, and childless wife, completed the chain of ideas.

The dangers of the hour, he declared to be *the faulty system of female education, the decay of home life, etc., and the unwillingness of our women to become mothers.*

In view of the important functions that woman has to discharge, and the demands upon her strength and endurance by ovulation, parturition, lactation, and maternity, he claimed that at least the education of the body was as important as that of the brain. He repudiated the intellectual equality of the "higher culture" champions, as productive of a stunting of the trophic and reproductive centres, whilst the intellectual are subjected to a forcing process that destroys the equilibrium of the system. Brain-cramming begets a sickly race. Many diseases originate in the recitation room. So common is menstrual deficiency in the boarding-schools, that the impression has gained ground that some drug is secretly given in order to lessen the laundry-work. Several cases of nervous exhaustion, and even insanity, in graduates of female boarding-schools, had come to his personal knowledge.

Of a graduating class of forty odd, of which the speaker had knowledge, fully one-quarter were ruined in health. Brilliant scholarship and ill-health are very commonly associated. The speaker traced the further development of the girl under the high-pressure system, until she leaves school and enters upon the dissipations of society. Marriage ensues, and then comes the extra demands of wife-hood and maternity to prove her unfitness for the duties to which she was destined by her Creator. As a consequence, the husband may be driven to unfaithfulness; unhappiness and even divorce may be the result. Her illy developed organs are unfitted for the work which they are called upon to do, and she is unable to nourish the child which she has with such difficulty and pain brought into the world. She wilts under the strain and remains ever after an invalid. The publicity of our system of education takes away the modesty of our girls, and unfits them for the repose and privacy of *home*. The family idea is being supplanted by individualism and selfishness. The publicity of her early life renders excitement a necessity to her existence. To be a true woman, she must now *surmount* her education.

The greatest "dangers of the hour," however, are criminal abortion and the prevention of conception. The author explained how these were fostered and encouraged by the artificial wants, pleasures, the luxury, indolence and extravagance of modern life. Even ministers and physicians were found countenancing these evils. The very low standard of morality prevailing in reference to these subjects is to blame for much of the disease and ill-health, and early breaking-down of our women. There are no harmless ways in which gestation can be interrupted or conception shunned. Attempts at prevention of conception lead to engorgement, hypoplasm, and disorganization of the pelvic organs, and the speaker had noticed a relationship between the occurrence of ovarian tumors and these attempts. The increase in the number of cases of divorce was instanced by the statistics, which amounted to one in twelve marriages in New England, and proved so formidable an evil that a Divorce Reform League has been instituted there. The number of separations without divorce, and of cases in which divorce had been refused, are to be also taken into consideration. All this domestic infelicity is to be traced to the interruption of those relations which depend upon sex, either from the physical disqualification of the woman for their maintenance, or from her efforts to render them ineffectual, or the restriction she places upon their exercise. The patriotic side of the subject was likewise dwelt upon, and the fall of Greece and Rome traced to the ignoring the sacred ties of marriage and of family. It is possible for our own country to suffer a similiar fate.

To reform these abuses, to elevate the sexual conscience, to train up healthy women, and to teach them that wifehood and motherhood are her true missions upon earth, is the duty of the hour, and the physician can contribute to these ends in various ways.

Woman is not capable of the same amount of brain-work as man. Health and high intellect are rarely associated in the former, and they themselves apply the term "unwell" to the menstrual periods.

Not only attention was needed to the intellectual training of girls, but also to their carriage, their clothing, their diet, sleep, posture, exercise, bowels, and catamenia.

Home-life was to be encouraged by preaching the gospel of child-bearing, by banishing free-love ideas, and by strengthening the sanctity of marriage. He proposed the issuing of tracts upon these and kindred subjects by the society.

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AMERICAN LEECH FARM.—In 1841 Mr. H. Witte, (*Scientific American*) established a small leech farm in Kent avenue, Williamsburg, L. I. In the course of time this small establishment was abandoned, and one of thirteen acres was established near Newton, L. I. The breeding ponds consist of oblong squares of one and a half acres each. The bottoms of these ponds are of clay, the margins of peat. In June the leeches begin forming their cocoons on the peat margins of the ponds.

The greatest enemies to the young leeches are musk-rats, water-rats and water-shrews, who dig the cocoons out of the soft peat breeding margins. Next to rats and shrews is over-heating of the peat or the water of the pond. In fact, nothing is so fatal to leeches as a too high temperature. Mr. Witte says he has had leeches frozen in solid ice, but by slowly dissolving the ice and gradually increasing the temperature of the water the leeches sustained no injury. The depth of the water in the ponds during the summer is three feet, in winter time the depth of water is increased to avoid freezing.

The leeches are fed every six months on fresh blood placed in thin linen bags, which are suspended in the water. The leeches, as soon as they smell the blood, assemble from all parts of the pond, and attaching themselves to the outside of the bag suck the dissolving coagulated blood through the linen. Digestion proceeds very slowly with the leech, during which time the blood remaining undigested in the stomach of the leech is in a fluid state as if just taken in. The excremental deposits are of a grass-green color. The best substance for packing leeches in is the peat of their natural ponds made into a stiff mud. Water containing tannin, tannic acid, lime, salt or brackish water must be guarded against always; iron is not objectionable, but is an advantage in small quantities.

The demand for leeches in the last few years has somewhat fallen off in the eastern and southern states. The western states and California are now the heaviest buyers. Mr. Witte's sales alone average a thousand a day. The number of leeches imported to this country amounts to about thirty thousand yearly.

The custom of stripping and salting leeches, to cause them to disgorge after having been applied, has passed away, as many well established cases have occurred of infectious diseases having been communicated on the application of the same leech to a second party. A very popular error exists that a leech when applied takes only the bad blood (whatever that may be) and rejects the good; this is a mistake. With a leech blood is blood, be it the cold blood of a fish or the warm blood of a human being, no matter how diseased that human being may be. So long as blood is not tainted or putrid the leech will thrive on it. The proprietor of a large leech-breeding establishment at the foot of the Harz mountains, when wishing to feed his leeches was in the habit of hiring poor laborers, at six cents per day, to stand in the water for half an hour nearly up to their thighs that the leeches might obtain a full gorging of human blood.

In the marshy lands of Roumania the wild leeches are captured by means of men entering the water and allowing the wild leeches to fasten on to their naked bodies. The leech fishers then strip them off after reaching the shore.

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OVERWORKING THE UNDEVELOPED BRAIN.—*Lancet:* "Overwork," properly so-called, can only occur when the organ upon which the stress of the labor falls is as yet immature, and, therefore, in process of development. When an organ has reached the maturity of its growth it can only work up to the level of its capacity or faculty for work! Fatigue may produce exhaustion, but that exhaustion will come soon enough to save the organ. Repeated "efforts" may, under abnormal conditions, follow each other too rapidly to allow of recuperation in the intervals of actual exertion, and as the starting point will, in each successive instance, be lower than the previous state, there may be a gradual abasement; but even this process should not seriously injure a heatlhy and well developed organ. In short, a great deal of nonsense has been said and written about the "overwork" of *mature* brains, and there are grounds for believing that an excuse has been sought for idleness, or indulgence in a valetudinarian habit, in the popular outcry on this subject which awhile ago attracted much attention. Nevertheless there can be no room to question the extreme peril of "overwork" to growing children and youths with *undeveloped* brains.

The excessive use of an immature organ arrests its development by diverting the energy which should be appropriated to its growth, and consuming it in work. What happens to horses which are allowed to run races too early happens to boys and girls who are overworked at school. The competitive system as applied to youths has produced a most ruinous effect on the mental constitution which this generation has to hand down to the next, and particularly the next-but one ensuing. School work should be purely and exclusively directed to development. "Cramming" the young for examination purposes is like compelling an infant in arms to sit up before the muscles of its back are strong enough to support it in the upright position, or to sustain the weight of its body on its legs by standing while as yet the limbs are unable to bear the burden imposed on them. A crooked spine or weak contorted legs is the inevitable penalty of such folly. Another blunder is committed when one of the organs of the of the body—to wit, the brain—is worked at the expense of other parts of the organism, in face of the fact that the measure of general health is proportioned to the integrity of development, and the functional activity of the body as a whole in the harmony of its component systems. No one organ can be developed at the expense of the rest without a corresponding weakening of the whole.

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DARWIN ON VIVISECTION.—Mr. Charles Darwin has addressed a letter to Professor Holmgren, of Upsala, in answer to a request for his opinion on vivisection, in which he says:—"I have all my life been a strong advocate for humanity to animals, and have done what I could in my writings to enforce this duty. Several years ago, when the agitation against physiologists commenced in England, it was asserted that inhumanity was here practised, and useless suffering caused to animals; and I was led to think that it might be advisable to have an act of parliament on the subject. I then took an active part in trying to get a bill passed, such as would have removed all just cause of complaint, and at the same time have left physiologists free to pursue their researches—a bill very different from the act which has since been passed. It is right to add that the investigation of the matter by a royal commission proved that the accusations made against our English physiologists were false. From all that I have heard, however, I fear that in some parts of Europe little regard is paid to the sufferings of animals, and if this be the case I should be glad to hear of legislation against inhumanity in any such country. On the other hand, I know that physiology cannot possibly progress except by means of experiments on living animals, and I feel the deepest conviction that he who retards the progress of physiology commits a crime against mankind. Anyone who remembers, as I can, the state of this science half a century ago, must admit that it has made immense progress, and it is now progressing at an ever-increasing rate. What improvements in medical practice may be directly attributed to physiological research, is a question which can be properly discussed only by those physiologists and medical practitioners who have studied the history of their subjects; but, as far as I can learn, the benefits are already great. However this may be, no one, unless he is grossly ignorant of what science has done for mankind, can entertain any doubt of the incalculable benefits which will hereafter be derived from physiology, not only by man, but by the lower animals. Look, for instance, at Pasteur's results in modifying the germs of the most malignant diseases, from which, as it so happens, animals will in the first place receive more relief than man. Let it be remembered how many lives and what a fearful amount of suffering have been saved by the knowledge gained of parasitic Borms through the experiments of Virchow and others on living animals. In the future everyone will be astonished at the ingratitude shown, at least in England, to these benefactors of mankind. As for myself, permit me to assure you that I honor, and always shall honor, everyone who advances the noble science of physiology.—*Medical Times and Gazette.*

MALE WET-NURSES.—*The College and Clinical Record*: The *Journal des Sages-Femmes* has a notice of a German physician in Pomerania who makes a specialty of supplying wet-nurses. He excites the secretion of milk, not only independently of pregnancy, but in men as well as women. An applicant for a wet nurse is always asked whether a *male* or a *female* is desired. The former is preferred by some families, under the belief that greater vigor is thus imparted to the infants.

We are reminded, by this paragraph, of some instances of the same kind cited in Dunglison's *Human Physiology* many years ago. A bishop of Cork related the case of a man who suckled his child after the death of his wife. Humboldt adduced the case of a man, thirty-two years of age, who nursed his child for five months on the secretion from his breasts. Professor Hall, of the University of Maryland, exhibited to his obstetrical class, in the year 1827, a colored man, 55 years of age, who had large, soft, well-formed mammæ, rather more conical than those of the female, and projecting fully seven inches from the chest, with perfect and large nipples. The glandular structure seemed, to the touch, to be exactly like that of the female. This man had officiated as wet nurse for several years, in the family of his mistress, and he represented that the secretion of milk was induced by applying the children entrusted to his care to the breasts, during the night. When the milk was no longer required, great difficulty was experienced in arresting the secretion.

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WHEN MEN ARE AT THEIR BEST.—Dr. Beard states that from an analysis of the lives of a thous and representative men in all the great branches of the human family, he made the discovery that the golden decade was between forty and fifty; the brazen between twenty and thirty; the iron between fifty and sixty. The superiority of youth and middle age over old age in original work appears all the greater when we consider the fact that all the positions of honor and prestige—professorships and public stations—are in the hands of the old. Reputation, like money and position, is mainly confined to the old. Men are not widely known until long after they have done the work that gave them their fame. Portraits of men are delusions; statues are false! They have been taken when men have become famous, which, on the average, is at least twenty-five years after they did the work which gave them their fame. Original work requires enthusiasm. If all the original work done by men under forty-five were annihilated they would be reduced to barbarism. Men are at their best at that time when enthusiasm and experience are almost evenly balanced. This period, on the average, is from thirty-eight to forty. After this the law is that experience icnreases, but enthusiasm decreases. Of course there are exceptions.

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A REVEREND PHYSIOLOGIST ABROAD.—The Rev. Joseph Cook has been demonstrating physiology to the Scots. How he does it and what is thought about it may be judged from the following extract from the London *Medical Press and Circular*:—

There is no class of men who are more alive to the evil effects of intemperance than medical men; at the same time, and from that conviction, they must deplore such *ad captandum vulgus* arguments as those advanced by the Rev. Joseph Cook in his Free Assembly Hall lecture in Edinburgh. The lecturer, we are informed, proceeded to illustrate, by pouring alcohol on the white of an egg, the effect of drinking upon the albumen in the system! and he further stated that by hardening the albuminous substances in the body *alcohol left scars on the brain and nerves which could not wash or grow out any more than scars in the skin*. In a professional journal it would be insulting to the sense of our readers to point out the groundlessness and fallaciousness of such statements and experiments.

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EXTREME ANTISEPTIC PRECAUTIONS.—*Lyon Medicale*: In a duel recently, just after the principals had crossed swords, a voice was heard, "Stop a moment, gentlemen." They lowered their weapons, rather hoping that the seconds had agreed on some plan of healing their wounded honor without the necessity of fighting. But alas! it was only the surgeon, who being one of the advanced school, carefully took from his pocket a bottle containing a solution of carbolic acid and wet the points of the swords with it. Then with the air of a man who had done his whole duty, he said, "Now, gentlemen, proceed, you may kill each other but you run no risk of blood poisoning."

This is all very well as far as it goes, but we would suggest that at the next meeting our confrere should insist that the combatants be enveloped in a cloud of carbolic spray.

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A copy of Rowell's Newspaper Directory for 1881, has been received. It contains some advertisements which as works of fiction are seldom equaled and never excelled. F'rinstance the *Physician and Surgeon*, published at—(but this is not an advertisement) states with all the emphasis of italics, that it contains "more reading for the money than any other journal in America;" that it has "clinical reports from New York, Philadelphia, Chicago, Louisville, Ann Arbor and various other points, *prepared by special reporters*, with particular reference to *diagnosis, prognosis and treatment*; that it "is an *independent journal*, uncontrolled by any publishing house or educational institution," *i. e.*, it is not an organ; that "it has the largest subscription list of *bona fide* subscribers of *any* medical journal in Michigan," etc., etc. Comment is unnecessary. For elegant and terse English, and as an unadulterated draught on the imagination for facts, this takes the cake. Oh when will heterophemists(?) show some originality? There has been but little advance since the days of Ananias.

At a meeting of the trustees of the Michigan College of Medicine, held on the 4th inst., the following additions and alterations were, on the recommendation of the faculty, made in the professorial staff: Professor Hal C. Wyman, late of the Detroit Medical College, was appointed professor of physiology and histology, *vice* Professor C. A. Devendorf, who was appointed professor of clinical obstetrics and the puerperal diseases. Professor Theodore F. Kerr, who is about to follow the Star of the Empire to Dakotah, resigned his professorship of genito-urinary diseases, which subject was attached to the chair of diseases of the skin now filled by Professor C. C. Yemans.

"*The N. Y. Medical Journal and Obstetrical Review*," is the name under which the *N. Y. Medical Journal* is hereafter to be known. As the name suggests obstetrics and gynæcology are to occupy a more prominent place than heretofore. This journal has, under the editorial management of Dr. Frank P. Foster, been greatly improved, and this by no means implies that it was not before a good journal. It is now, however, probably unequaled by any medical monthly, and the new departure will still further enhance its value. Its quarterly reports on medical progress are unique for their excellence and conciseness.

R. B. C. Newcomb, M. D., of Blissfield, Mich., died of pneumonia at his residence in that village June 2d, 1881, in the 59th year of his age. Dr. Newcomb began the practice of medicine at Blissfield in 1851, and continued actively engaged until his late illness. He graduated at Starling Medical College, Columbus, Ohio, and was well known to the profession of Southern Michigan as a strong conservative practitioner. Dr. Newcomb was a member of various medical societies, state and national; and represented his district several times in the state house of representatives and senate.

The Empress of Germany, about a year ago, offered a prize (of $500) for an essay on Diphtheria. Nine essays were sent in but the adjudicators have reported that not one was worthy the reward. With her majesty's concurrence the prize is again offered for competition and the time extended to May 31st, 1882. The subject is "The Determination of the Causes of Diphtheria and the Practical Results to be derived therefrom." Essays may be written in French, German or English, and to be sent to Prof. Von Langenbeck, Berlin.

The English traveler, Colville, witnessed a singular combat: Two young inhabitants of Morocco rushed together at full speed and butted each other in the head without appearing to be badly hurt, although the blow could be heard at quite a distance. The heads of the Morrocans are exposed with impunity to the most incredible violence. The burning rays of the African sun occasion no distress, and in hand to hand combats they are the recipients of innumerable blows.

The *Louisville Medical News* picks a flaw in Dr. Dunsmore's personal testimony on the question of "Tonsillotomy *vs.* Virility:" It is the removal of the tonsils infancy in which, it is claimed, has the bad effect on the virility of the adult. Dr. Dunsmore's tonsils were amputated after he had reached man's estate. The point is well taken and the question is still open.

At a meeting of the Board of Examiners of the Pharmaceutical Society (England and Wales) the College of Preceptors reported that of 334 candidates 184 had failed. The 150 successful ones had their names placed on the Register of Apprentices or Students. This result evinces a determination to make a distinction between apothecaries and mere salesmen.

British Medical Journal:—A consultation means that two persons, holding views in some way comparable, adopting principles assimilable, and acting upon lines which may somewhere be made to converge, meet together for the purpose of deciding what is best to be done, under the circumstance, in a case to which these laws and this practice are applicable.

Cincinnati Lancet and Clinic: Bulwer says in one of his novels, in defining a medical consultation, that a consultation is a meeting of physicians in which the counsellors agree with the attending physician, and change the treatment.

Jefferson's Book About Doctors:

A single Doctor like a sculler plies,
The patient lingers and, by inches dies.
But two physicians, like a pair of oars,
Waft him with swiftness to the Stygian shores.

The July number of the *North American Review* will contain an exhaustive article on Indian affairs by Carl Schurz, and a very lively one on "The Power of Public Plunder" by James Parton.

The treatment of hæmorrhoids by forced dilatation is strongly commended by Dr. Junque. The operation should be performed slowly and by means of a speculum. It is said to be devoid of danger.

Examinations will be held before the State Board of Health on July 12th, at Lansing, for the certificate of that body. Prospective candidates will address Dr. H. B. Baker, secretary, for particulars.

Mrs. President Garfield was attended during her late alarming illness by Mrs. Susan A. Edson, M. D. Tally one for our sisters.

Col. Thos. A. Scott, whose generous donations are noted in our last, has since had a fatal attack of apoplexy.

Book Notices.

THE DISEASES OF CHILDREN: A Practical and Systematic work for Practitioners and Students. By William Henry Day, M. D., M. R. C. S. Lond., Physician to the Samaritan Hospital for Women and Children. Second Edition rewritten and much enlarged. pp. 752.
Philadelphia: Presley Blakiston. Detroit: Thorndike Nourse.

The importance of special pædiatrics is very largely overlooked by the general practitioner, it being the too general rule to depend in the treatment, prophylactic and curative, of children on the general principles governing practice. That this a mistake is too apparent in the mortality reports. There is no valid reason in nature why there should be the large percentage of deaths among children under five years of age. This mortality is doubtless due to causes very largely outside the pale of the physician's influence but there is nevertheless a suspicion that when disease actually does set in, the practitioner too often painfully realizes his incompetency to do the best that might be done under the circumstances,—feels an oppressive sense of deficiency of education, in this particular class of aliments and patients.

There are already in the hands of the profession some admirable works on pæditrics, but it cannot be denied that there is not the same excellence in the literature of this subject as characterizes that of diseases of adult life. The book before us will have a tendency to very largely overcome this discrepancy. It is the recorded deductions of an extensive experience by a trained observer, the outcome of private and hospital practice extending over a lengthened period. The author has "throughout relied on clinical experience rather than on theories; which, even when proved, cannot always be brought to bear on points of practical interest." Each disease and its varieties are classified after the method sanctioned by modern pathologists, and as an aid to the practitioner a descriptive heading is placed before each chapter to enable him to obtain readily the information he requires. The introductory chapter, for instance, contains the following heading: "The study of children's diseases—Their special characters and peculiarities—Management during growth and developement—Importance of attending to the constitutional rather than the local state—Constitutional and hereditary disease." The heading over the article on Intestinal Obstruction again has the following condensed statement of the causes, etc: "Intussusception—Fecal accumulation and foreign bodies—Hernia—Malformation of rectum and anus—Diverticula and congenital strictures—Clinical records of these affections—Diagnosis of rarer forms of obstruction—TREATMENT: Reduction of any hernial protrusion—Abdominal section to disengage bowels—Enemata." These simple condensations will be found very convenient when looking up information on the different phases of cases Other features of the book are its practical style, its clearness of expression, and its comprehensiveness. These qualities taken in connection with the admirable manner in which the publisher has done his part make it a book very much to be desired. Indeed it is not too much to say of it that it is probably not equaled and certainly not excelled by any other book on its subject.

ANATOMICAL PLATES, ARRANGED AS A COMPANION VOLUME FOR "The Essentials of Anatomy" (By William Darling and A. L. Rauney) and for all works upon descriptive anatomy, comprising four hundred and thirty-nine designs on steel by Prof. J. N. Masse, of Paris, and numerous diagrammatic cuts selected or designed by the editor, together with explanatory letter press.
Edited, with revisions, from the original translation of Prof. Granville Sharp Pattison, by Ambrose L. Ranney, A. M., M. D., adjunct Professor of anatomy and late Lecturer on Genito-Urinary Surgery in the Medical Department of the University of the City of New York. Price $3.00.
New York: G. P. Putnam's Sons. Detroit: Thorndike Nourse.

The title page of this book, as here copied, gives a very concise statement of the scope of the work. Masse's Anatomical Plates required no introduction to the thorough student of anatomy anywhere. The translation by the late Prof. Pattison has been supplemented in the book before us by such alterations of the plates and text, by Prof. Ranney, as bring these fully up to date. The editor has also added important new material in the way of diagrams and descriptive text. The book is remarkable for the excellence of the plates the clearness of their descriptions, and its low price, the latter being but about one-third the cost of the original work by Masse. It is by far the cheapest anatomical atlas now in print, and though the plates are not so large as those of some other atlases, there is none better calculated as an aid to the anatomical student, from whom thanks are due the publishers from their enterprize and skill as herein displayed.

MEDICAL ELECTRICITY: A PRACTICAL TREATISE ON THE Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A. M., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc , etc. Ninety-six illustrations. Price $2.50.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

Dr. Bartholow is too well known to the American profession to require an introduction at our hands. This acquaintance is of such a nature as to be a sufficient guaranty that any work of his pen is stamped with originality and practical common sense. The book before us was prompted by the feeling of the necessity of a suitable text book for the student when he reaches that part of his materia medica which is devoted to electricity as a therapeutic agent. Few teachers of materia medica but have experienced the same feeling. Such works as have heretofore appeared have been either too superficial or too profound. Dr. Bartholow has struck the happy mean and in the book before us has furnished what has been literally a "long felt want." It is full without prolixity and concise without being too brief. It will certainly take its place among the necessary text books for the under-graduate, and the practitioner who desires to supply a lacking knowledge of an important therapeutic agent will find in it the means.

WATER ANALYSIS FOR SANITARY PURPOSES. With hints for the Interpretation of Results. By E. Frankland, Ph. D., D. C. L., F. R. S.; Vice President of the Institute of Chemistry of Great Britain and Ireland, etc.
Philadelphia: Presley Blakiston.

This little book is one of those recommended for the information it contains on its subject, by the Michigan State Board of Health, to those preparing themselves for the certificate of the Board. It contains in compact and readable form a description of the impurities of water and the methods for their detection, and the recommendation it has received from our State Board of Health is a sufficient attestation of its merit.

Original Articles.

Scorbutus in Hospital and Private Practice.

A CLINICAL LECTURE BY PROF. J. M. DA COSTA, M. D., PHILADELPHIA.

This disease is not often met with in private practice, but we meet with it very often in the wards of hospitals. There have been a number of cases recently under my charge in this hospital, and I have thought it worth while to bring the most marked of these cases before you to-day, and to devote a short time to a discussion of its symptoms and treatment.

Case I.—T. H., æt. 35, a strong, well-built, hardy sailor, has been on a two months' voyage on an English ship, which sailed from Cardiff, Wales, to Carthagena, Spain, and thence to this city. During this time he subsisted almost entirely on salt food. Two weeks prior to his admission (yesterday), he began to suffer pain in his bones, and particularly in the large joints, *i. e.*, ankle and knee. The left ankle indeed became so swollen in the course of this attack that he had not been able to walk at all during the eight days prior to his entrance into the hospital. There was no appearance of fever during this time, and he always slept well at night. His bowels were constipated, however, and he complained of a moderate amount of debility. What he came here for, and what was the worst symptom to him, were the peculiar rheumatic pains (I use this expression in his sense, and not in my own), which he felt, especially round his left ankle and knee. These, indeed were the predominant features of the disease when he first came. Upon examining him yesterday I found that these pains were associated with numerous ecchymotic spots most plainly visible on the inner aspect of the left ankle. Joined with this ecchymosis there was some swelling, the skin presenting a glazed appearance as if it had been painted with collodion, but the resident physician assured me that this was not so. There is some slight want of power in this foot, (left) and some pain upon motion. There is also general pain in both knees. But let me turn to the other symptoms. The one which is the most significant is the appearance of the gums. They look spongy and scorbutic, particularly in the upper jaw. The tongue is clean. The breath was at first fetid, but is less so now. The man's bowels are constipated. The urine was examined, and found to be acid, and free from pus and albumen. The patient's temperature upon admission was normal, *i. e.*, 98½°, and it has remained so since. Upon auscultating the chest, and more particularly the heart, and I can plainly distingush a systolic, soft murmur. This murmur is most marked over the body of the left ventricle. The area of the splenic dulness is enlarged so that it extends to the margain of the ribs. The hepatic dulness is normal. There is no cough and has been no hemorrhage from the nose or lungs and no dropsy. This concludes the clinical record of the case. Before I expatiate upon the character and treatment of the disease I will show you this other case.

Case II.—This case is less marked, and were it not that the man comes from the same ship, has eaten the same restricted diet, and has been exposed to the same circumstances, his true condition might very easily escape notice. He complains of the same pseudo-rheumatic pains (excuse the expression) and his debility is still more marked than in case No. 1. This the history :

W. B., æt. 29, a sailor, has had the same shooting pains in his leg. His tongue is clean as in case No. 1. His gums are spongy. He has had no fever. There is no albumen in his urine. No marked dyspepsia, and no special depression of mind. His bowels are also constipated. There is in this case also the same soft systolic murmur over the body of the left ventricle, with much greater rapidity of the action of the heart than existed in case one. This case is not quite as pure a one of scurvy as case one, as the man has a specific history. And we might well attribute the rheumatic pains to this specific condition were they not explainable otherwise. Having thus examined these cases with sufficient accuracy, let us group them together and see in how far they are alike, and close with a few explanatory remarks. And first let me call your attention to the causative element of this disease. The men are both sailors, and have been limited for a long time to the same salt diet, and exposed to the same hardships. This salt diet fails to meet the requirements of the system. You all know that scurvy is produced most commonly by the withdrawal of the vegetable juices from the diet. It is, in other words, as we now understand, oneness or sameness of diet, for even fresh animal food will produce it if no other diet be allowed. The peculiar elements supplied to the blood by vegetable foods are wanting. Salt provisions are, however, much more likely to bring on the disease than a long continued fresh meat diet. In this respect the cases act alike. This brings us to a consideration of the symptoms, and the question arises are the symptoms presented by these two men, the symptoms of scurvy,—are these typical cases in fine? What are the peculiar symptoms of scurvy? What I have styled pseudo-rheumatic pains are a very common feature of the disease. These pains have quite frequently been mistaken for those of rheumatism in the lower extremities. A patient with these pains will very often consult you for rheumatism, when his other symptoms will show you very plainly that the case is not one of rheumatism at all. Another point.—These pains, like rheumatism are usually associated with some stiffness of the joint and with the production of pain on motion. They are almost always limited to the lower extremities; at all events it is in the lower extremities that they are most marked. These pains are present in both of these cases, and in both of them we find spongy gums, which are, without doubt, the most reliable diagnostic sign of scurvy. In both cases the tongue is clean, and there is but slight, if any, gastric derangement. In both cases there is constipation, and in case one some fetor of the breath. These symptoms, viz: clean tongue, constipation, and fetor of the breath are all common to scurvy. In case one there are some additional points of interest, one of these is the peculiar ecchymotic eruption on the inside of the left ankle. This is a symptom very peculiar to the scorbutic extravasation. There is also in case one some enlargement of the spleen, and this, although the man has never had malarial fever; so that it has a still greater significance as a symptom. So, too, we find in both cases what is not generally recognized as an accompaniment of scurvy, namely: a soft systolic, ventricular blood murmur, which is unassociated with any symptom of cardiac enlargement. In neither case have there been any febrile phenomena, and in neither case have we been able to discover any albumen in the urine. With this I think that I have exhausted the category of symptoms.

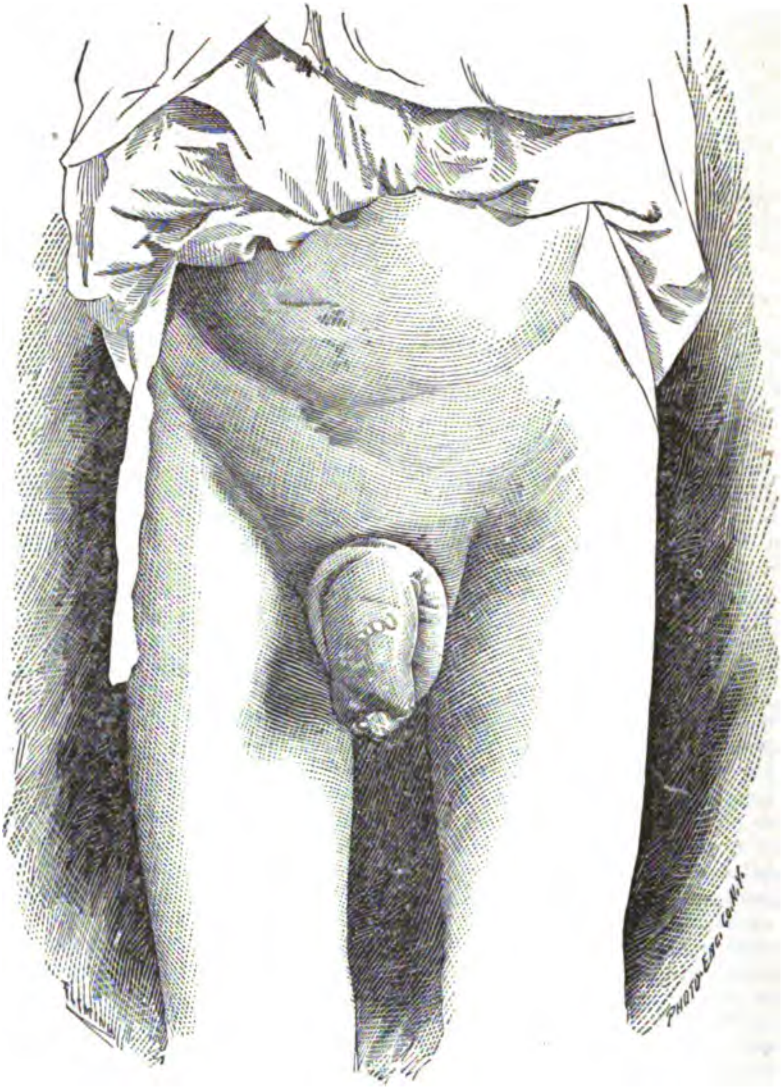
Do such cases ever occur in private practice, you will with great propriety inquire of me. To this question I will answer both yes and no. Marked cases of the disease are not likely to present themselves in private practice, but less marked instances you will undoubtedly meet with. If you know what fully developed scurvy is, you will understand these less marked instances. Emotional persons, living in luxury, begin to bring themselves down in diet. They never have very much appetite, and they think that the less they eat the less they will suffer from dyspepsia. Such persons drop first one and then another article of food, and are in reality starved, although driving about in handsome carriages. Such instances may not be striking ones, and yet you will find in them spongy gums, lassitude, fetor of the breath, clean tongue, and a more or less strongly marked tendency to constipation. These people, too, have pseudo-rheumatic pains. They have tried electricity, perhaps, and tried limiting their diet, and made a tour of the various baths, and yet their pains are not improved. You may be surprised to hear me say so, but I assure you that these are real cases of scurvy, although they are only half developed. Certainly my diagnosis would not seem to be sustained by the circumstances of the patients, and yet I have cured very many of such cases by this key, and by therefore putting them upon the proper treatment for scurvy. I have even known of the existence of ecchymotic spots on the legs of such people, just as is the case here, and this, too, in those living upon the best of the land, and with everything apparently to gratify their tastes. What are we to do with these cases? How are we to treat scurvy? I am now speaking of the proper treatment of case one, for in case two the scurvy is evidently complicated by specific disease. Of course the first that is to be done is to vary the diet, and particularly to let the patient eat whatever vegetables may happen to be in season. Among the vegetables I may mention particularly celery, spinach and onions. Onions, though not imparting the most pleasant of odors to the breath, are a most excellent anti-scorbutic. Let the patient eat potatoes and a varied vegetable diet. Then the fruits are always of value, such as oranges, lemons, grapes, etc. Our object, of course, should always be to introduce the ingredients of vegetable food into the diet in their most inviting form. When the fresh vegetables and fruits cannot be easily produced, lemonade freely partaken of is a very fair substitute. With it the patient should eat a moderate amount of fresh meat and fish. As regards medicinal agents, irrespective of diet, the mineral acids do most good. These remedies are of especial value in such cases as these now before you, where we have noticed the presence of a distinct murmur, not of cardiac but of anæmic origin. To the mineral acids we can, of course, add iron. Case one has been taking the tincture of chloride of iron with muriatic acid—twenty drops of the former with ten drops of the latter, well diluted, thrice daily. With this treatment I look for a decided abatement of the symptoms. In case two I will carry out this same treatment to some extent, for as there is a syphilitic eruption present he will require specific treatment in addition. With this in mind, I have given orders that he should have one twenty-fourth of a grain of the bichloride of mercury thrice daily. The rules of diet for this man must be the same as for case one. Time will not allow of my engaging in the speculation as to whether scurvy can be prevented by the proper use of lime juice, a supply of which all captains should carry with them when going upon a long voyage. All I can do is to merely hint at the subject, which if properly and fully considered would carry me far beyond my alloted lecture hour.

A Case of Elephantiasis (Arabum) of the Penis and Scrotum Treated by Chaulmoogra Oil.

BY I. E. GRAHAM, M. D., TORONTO, CANADA.

The patient, H. B., first entered the Toronto General Hospital in June, 1878, when the following note was taken:

H. B., æt. 31, unmarried. Had been for some years a sailor. Lived for a time in the West Indies. Family history on the mother's side good. Some of the near relatives on the father's side died with consumption. He has generally lived in healthy localities except when in the West Indies, and until lately has had plenty of good food, and has not suffered from exposure. No history of syphilis. He had gonorrhœa eighteen months ago, for which he was treated in the City Dispensary. In three months the discharge ceased. Shortly after this he noticed swelling of the genital organs, which was made worse by rubbing of the clothing while he was at work. The swelling gradually increased notwithstanding treatment, until latterly he has been compelled to give up work. During the year he noticed that rest always improved the condition of the parts so far as the pain was concerned, and that when he returned to work the parts would soon become so painful that he had again to desist.



Present Condition.—The patient's general health is poor. The penis, the part principally affected, is very much increased in size, hard and presenting on the surface watery excresences. The prepuce is so much hypertrophied that the glans penis is almost buried from view. The scrotum is also enlarged and there is also hypertrophy of the connective tissue of the perineum.

The patient remained in hospital for about ten months leaving in the following May. During his stay he suffered occasionally from acute febrile attacks which would always denote a localize inflammation of the genital organs, or in their immediate neighborhood. These inflammations would sometimes result in the formation of abscesses, and pus would be discharged through small fistulous openings. The part would remain somewhat enlarged after each attack of inflammation. These attacks formed one of the most troublesome features of the case. He also suffered from chronic albuminuria. The urine contained granular and hyaline casts.

The treatment at different times was of a tonic and alterative character. Strapping appeared to be of temporary benefit. The patient did not improve during the year leaving the hospital, if anything worse than when he came in.

During the summer of 1880 patient again entered the hospital. The condition of the parts was very similar to that already described. His general health was poor. Albuminuria was present. The inflammatory attacks still continued at intervals. Patient was not able to walk owing to the pain produced in the genital organs. In September he was put on the chaulmoogra oil, taking at first five minims after meals three times a day. The dose was afterwards increased to ten minims. He had not taken the remedy two weeks when he expressed himself better. In about a month he could walk without experiencing such severe pain, and in about two months there was a perceptible diminution in the size of the affected parts. The glans penis which had been obscured from view by the hypertrophied prepuce, assumed to some extent its natural appearance. The change in the condition of the parts was so marked as to be spoken of by the students of the clinical class.

In the month of November the patient was dismissed from the hospital for bad conduct. As he was quite destitute he had to live in the poorest lodgings, and was frequently exposed to the severe cold of winter. After leaving the hospital he did not take his medicine regularly, but notwithstanding he was able to go about without much inconvenience so far as the elephantiasis was concerned.

A new symptom, however, arose viz: œdema of the lower extremities, most probably the result of the kidney complication. He has now disappeared from observation.

Here then is a case of elephantiasis Arabum very markedly improved by the internal administration of chaulmoogra oil, a case which had been in existence over three years, and in which, as is usual in such conditions, all the ordinary remedies had been of no avail. I do not suppose that the patient would have been cured under the most favorable circumstances, but have no doubt that the result would have been much better had he remained in the hospital. The success of the treatment was, in my opinion, sufficiently positive to have the case placed on record. During the administration of the chaulmoogra oil no other remedies were used. This drug has been a very successful agent in the treatment of elephantiasis Græcoum, but I am not aware of its ever having been given in elephantiasis Arabum.

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Oxaluria.

BY E. HALSEY WOOD, M. D., HERSEY, MICH.

The stomach is in some sense an alembic. The processes carried on within its walls, when normally effected, are of a vito chemical character, but the chemistry of the processes is more easily recognized when they are perverted. The development of the urates is readily traced to fermentative changes occurring in the stomachic digestion. But I think that the presence of the oxalates cannot be ascribed to this source. Oxaluria, it is generally supposed, can only be determined by the detection of the presence of oxalic crystals in the urine. But the supervention of the condition to which their presence is due can be clearly made out by some subjective symptoms. Patients affected with the oxalic diathesis (as it may be termed) have an insatiable desire for acids. They will be observed to suck a lemon or two to satisfy this desire, or if they are at the table they will eat immediately of pickles, or use vinegar in excessive quantity, giving expression to their feelings at the same by saying, "I want something sour." They also have a bad taste in the mouth in the morning, and they usually make known the fact in very forcible terms. These two symptoms are sufficient alone to point out the existence of oxaluria. But if the tongue be examined, it will be found, if the attack is sudden, to be loaded with a heavy, granular, dirty white coat, and if it is chronic the tongue will be dry and covered posteriorly with a dirty yellow coating. The remedy for oxaluria is the nitro muriatic acid. It is preferably given before meals, well diluted, say, 4 to 10 drops in a teacupful of water. It should always be used of full strength and never in combination. The dilute acid soon becomes inert. This remedy is a specific for oxaluria.

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Selections.

ON GOUTY DYSPEPSIA, OR GOUT OF THE STOMACH.—By Prof. Germain Sée. Gouty dyspepsia, or gastric gout, is surely a rarer affection than is generally asserted; its existence is altogether denied by Watson, who refers it to common violent irritations following excesses in eating. Brinton asks, what is understood by gout of the stomach, and comes to the conclusion: There may be hepatic colics, or uræmic manifestations, which in gouty subjects are said to be a metastasis of gout to the stomach, but, besides these errors, there is nothing left constituting a special disease, nothing worthy the denomination of gastric gout, a term which patients, imbued with medical principles, abuse in so strange a manner; but this negation, this wilful disregard of facts, adds more evidence to the truth that this is an obscure subject, and these symptoms which cannot be denied, are not easily accounted for.

My experience with these various forms of gout has demonstrated to me the following:

(*a.*) There exists an *ante-gouty, pseudo-dyspepsia;* it is a forerunner of gout, a first premonitory symptom, coming on very early so that Ford said it was the cause of that disease. Patients complain of digestive disturbances, with feelings of compression, squeezing, or more generally of fullness in the epigastrium, of distension of the abdomen, eructation, pyrosis, tympanitis, constipation and hemorrhoids; this affection has been described of old, and is yet known in Germany under the name of *abdominal venous plethora.* Is that a true dyspepsia? Not at all. It is one of those atonic states of the intestines, with or without constipation, with or without hæmorrhoids, which are often observed to follow excess in eating in atonic, weak or obese individuals; it is a false dyspepsia, deserving the title *ante-gouty* in the sense that it is the *habitual temperament* of gouty subjects.

(*b.*) *Acute paroxysmal catarrhal dyspepsia.* Before the crises of gout, and while they last, we often observe signs of the condition commonly known as gastric troubles, or acute mucous catarrh. The patient loses appetite, his tongue becomes coated, his digestion slow, difficult, with meteorism and eructations, is always accompanied by much uneasiness, by a sensation of lassitude and despondency, as if a serious disease was impending. There are patients who never suffer crises of gout, but these are preceded by such gastric trouble, as a sort of premonitory symptom unaccompanied with fever. This gastric difficulty may last through the whole attack, especially if it is a severe one. Is that a truly gouty phenomenon, or is it not one of those perturbations of the secretions, which we might call acute mucous dyspepsia, of the common kind, as we sometimes observe in the beginning of acute diseases? If that state persists during the evolution of articular gout, it ordinarily manifests itself under the form of a persisting anorexia of which pain in the joints is a frequent concomitant. Let us call that state *acute catarrhal dyspepsia.*

(*c.*) *Acute and true, uræmic dyspepsia.* Here is presently a series of phenomena which are briskly manifested during an attack of gout, or while this on the wane; it violently appears as a *cardialgia.* The patient is taken with cramps and colics in the stomach, with constant hiccough and pyrosis, followed by repeated emesis of acrid matter ; resembling cases of poisoning, with symptoms pertaining to peritonitis, which may induce lipothymia, or even syncope with cooling of the surface of the body, passive algidity of limbs and face, with a livid discoloration of the lips. Is not this uric acid poisoning ? Had injections of that acid into the blood been followed by other than negative results, one would be tempted to ascribe a toxic cause to that cardialgia, referring it to the sudden introduction of an excess of uric acid in the blood; lacking such data, we confine ourselves to its mode of elimination; for we know that the stomach is the true excretory organ by which urea is thrown out after accumulating in the blood, on account of some alteration of the kidneys; the same is true of uric acid, which is equally eliminated by the stomach; but the presence of an excretory product in the gastro intestinal mucous membrane could not fail chemically to alter the gastric juice and give rise to a serious dyspepsia with all the symptoms of uræmic poisoning. The main point is to find out the cause of this sudden invasion of uric acid into the blood, and thence into the stomach. Here we come to the doctrine of metastasis. If, in reality, cardialgia arises when the crisis in the joint recedes, we may believe that uric acid which had invaded the joints is entirely reäbsorbed into the blood, which eliminates it through the stomach : but such is not always the case, this mutual relation is not all constant; cardialgia may take place without any improvement in the joints; retrocession could not be advocated in cases of that nature; but it remains just as evident that uric acid, circulating in moderate quantity in the blood, may be eliminated by the mucous membrane of the stomach, giving rise to a series of serious symptoms by its passage.

Why such a sudden elimination ? The only solution is that in a certain number of cases of poisoning, as by authocthonous poisons, there is always some tendency for the elimination to select an excretory organ in particular and leave the ordinary way of excretion. In a clinical point of view, it is now proven that there exist dyspepsias, accompanied with *uræmic cardialgia,* which often bring a real danger to the constitution.

These are the three types of dyspepsia which arise more or less directly from gout, other types are allied to the common affection ; a gouty patient may suffer from a dyspepsia depending on an irregular diet, he may be a subject to chronic gastritis (Ebstein); but these are referred to dyspepsias in general, and are devoid of characteristics.—*Le Médecin Practicien, Chicago Medical Journal and Examiner.*

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THE TREATMENT OF PRURITUS VULVÆ.—In a clinical lecture on the subject of vulvar pruritus, Dr. Wiltshire (*Brit. Med. Jour.*, vol. i., 1881, p. 328) says that the first thing is to find, if possible, the cause. Extreme cleanliness must be enjoined. Demulcent washes are better than soap, unless carbolic or coal-tar soap be used; and usually even these are inadmissible. Almond meal, strong bran-water, decoction of rice, marsh-mallow, slippery elm, or fine oatmeal are suitable, especially the first, which, if pure, yields during use a marked odor of hydrocyanic acid and appears to soothe materially. When the pruritus is due to animal parasites, ointment of white precipitate, sulphur, or stavesacre speedily cures by destroying the insects and their ova. If nits persist about the pubic hairs, a lotion containing bichloride of mercury and acetic acid will dissolve them. Ascarides are destroyed by a carbolic lotion (1 to 60): general treatment, however, should be used, as iron, quinine, cod-liver oil, together with enemata of hamamelis, lime-water, iron, etc.

The vegetable parasites are treated by washes of borax, boracic acid, sulphurous acid, etc. Parasiticide lotions are certainly the most useful in the majority of cases, which points towards vegetable organisms as the commonest cause of the pruritus. The borax lotion should be of the strength of a drachm to five ounces of warm water, or stronger. Hydrocyanic acid, say ʒ j of the dilute acid to water ℥ x, or morphia (2 grs.), atropia (½ gr.), aconitia (½ gr.), or veratria (½ gr.) to the same amount. Infusion of tobacco (half an ounce to the pint) alone relieves some cases, and forms a good vehicle for borax or boracic acid. It is not well to use glycerin with the borax, as a rule, as it is apt, owing to its affinity for water, to aggravate the irritation. Strong solution of poppy is a good vehicle for borax. Chloral frequently does not suit. Ice suits some, very hot water others. In some cases ether spray might be tried. Ointments, if used, should be of non-rancid fats or cosmoline. Two drachms of iodine (tincture?) in two ounces of elder-flower water sometimes answers. Electricity may afford relief in neurosal cases. Probably faradism would be the preferable form.

In simple vulvitis, borax or carbolic-acid lotions relieve. An ointment of calomel or bismuth is also good. Malignant affection of the parts call for ablation, but where this is not practicable, sedative applications (conium, opium, belladonna) alone are often all that we can employ.

Of course urethral caruncles, urethritis, vaginitis, etc., should receive thorough treatment. When there is congestion with loading of the portal circulation, a mercurial and saline purge is helpful. When eczema with fissure is present, a poultice made of the clot formed by adding two drachms of lead-water to ten ounces of new milk is most useful. Diabetes must of course be combated, and frequent ablutions with borax washes form a good local treatment. In wakefulness from diabetic pruritus, codeia in one-grain doses in pill is often useful. The bromides are also useful.

Pregnant women often suffer terribly. When *oïdium albicans* is present, sulphurous acid gives relief. A tablespoonful should be freshly mixed with half a pint of warm water, barley-water, or almond emulsion for each application. Chloroform locally, in liniment, ointment, lotion, or vapor, answers well occasionally; bichloride of mercury, gr. i-v, ad ℥ viij, mist. amygdalæ, gives relief in some cases. It should not be used when there is abrasion. Section of the pudic nerve has been suggested in desperate cases, but has never been practiced.—*Med. Times.—The Canada Lancet.*

Iodine in Croupous Pneumonia.—Dr. Schwarz strenuously advocates the idea that iodine, or iodide of potassium, in croupous pneumonia, is a true specific against simple, uncomplicated cases; that, administered at the beginning of the changes in the lung (with twenty-four or thirty-six hours of the introductory chill), it will cut short the disease. In support of this view he gives histories, with temperature charts, to show the sudden fall at the crisis in ten cases treated by him with the iodide of potassium, or iodine. In all these cases the temperature, pulse, and respiration were entirely consistent with the diagnosis of pneumonia, and the physical signs were distinct, and are reported in detail in the histories. In nine of these cases the crisis occurred before the end of the second day (that is, within forty-eight hours from the occurrence of the chill), and in the tenth even a few hours sooner. The crisis seems to have been quite typical in all the cases; there occurred a rapid fall of temperature and pulse-rate, the breathing became slower and easier, and *râles redux* became audible over the affected lung. From this point convalescence progressed as usual. All the patients were seen by the author soon after the occurrence of the chill, and treatment was begun as soon as the diagnosis was positive or even strongly probable. In every one of the cases quoted crepitant *râles* were distinct, and followed by unmistakable evidences of consolidation. Stress is laid upon this fact, to show that the author really was treating pneumonia, and that his good results are not to be explained by any accusation of careless diagnosis. The treatment was as follows:

℞ Potass. iodid., 2 grammes.....gr. xxx.
Aq., 120 grammes.............. ℥ jv.
Syr. simp., 30 grammes......... ℥ j.
M. Sig.—A teaspoonful [*Löffel*] every hour. Or:
℞ Tinct. iodinii.................gtt. v.
Aq. destill., 120 grammes.. ...... ℥ jv
Syr. simp., 30 grammes........... ℥ j
M. Sig.—A teaspoonful [*Löffel*] every hour.

[If the German *Löffel* may be taken as about equivalent to our teaspoon, it will be seen that, according to the formulæ, patients would receive four-fifths of a grain of iodide of potassium in the former case, or about one-seventh of a drop of tincture of iodine in the latter, every hour. Iodide of potassium and iodine are given so frequently that their effects are well understood by every physician; we are not disposed to admit readily any mysterious efficacy in the case of drugs with which we are so familiar. Can we, then, believe that, in a typical case of pneumonia, naturally tending to a termination by crisis between the fifth and eighth days, this crisis can be induced within forty-eight hours by the administration of such doses of iodide of potassium, or iodine, as are daily prescribed in other affections without producing very marked effects—at least no effects from which we could infer such a controlling influence over an acute febrile disease like pneumonia? Clear and to the point the author's paper certainly is, but he asks us to believe a great deal; further clinical evidence is desirable in a matter so important.]—*N. Y. Medical Journal.*

Radical Treatment of Hydrocele by Injection of Carbolic Acid.—At a meeting of the Philadelphia Academy of Surgery, June 7th, 1880, Dr. R. J. Levis stated that in 1872 he had begun to treat hydrocele by carbolic acid injections, because a more plastic grade of inflammation than that obtained by ordinary injections was required, and because incision only accomplished a cure through suppuration. His method is to withdraw the fluid by an ordinary trocar, and then introduce the long nozzle of a syringe through the trocar into the vaginal sac. By this means the carbolic acid is thrown into the cavity, and there is no danger of its being injected into the cellular tissue of the scrotum. The carbolic acid crystals are merely liquefied by slight heat, or by a few drops of glycerine. To keep the injecting fluid ready for use at all states of temperature, about ten per cent. of glycerine or water may be added to the crystals. The amount of carbolic acid which Dr. Levis injects is one-half a fluid drachm, and this is allowed to remain in the vaginal tunic. The operation is almost, if not entirely, painless, because of the local anæsthetic action of carbolic acid. The patients sometimes exclaim at the moment of introduction, but have a sensation of numbness rather than of pain. The pain, when tincture of iodine is employed, is much greater. Care should be observed to allow no acid to flow upon the external surface of the scrotum, for pain and inflammation will follow such contact. After the injection the patient is permitted to walk about the house until the weight and slight soreness of the scrotum cause him to lie upon a bed or lounge. The results of this method of treatment are excellent, for undue inflammation does not occur, there is no marked pain, and a radical cure generally ensues. Dr. Levis has never seen suppuration or sloughing follow this manner of dealing with hydrocele.—*Lond. Med. Rec.*

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Water Diet in Typhoid Fever.—M. Luton, of Rheims, in the *Jour. de Therapeutique*, quoted in the London *Medical Record*, gives an account of the manner in which, since 1869, he has been in the habit of using water diet in the treatment of typhoid fever. It is understood that the disease should be taken at its commencement, the diagnosis being well and thoroughly made out. Generally, the patient has been purged and the bowels are acting fairly. The patient is then submitted to a strict diet; the only drink he takes is water, well filtered, if necessary, cooled with ice; and of this he may drink at much as he likes. At first the patient drinks the water with avidity, then in moderation, and finally with a certain satiety. Sometimes it is vomited at first, but is soon tolerated by the stomach. Under its influence the motions are at first more abundant, than they become more moderate and less fetid, and finally cease, to give place to constipation, which, however, is efficiently combated by injections of cold water only. M. Luton holds that the appearance of the cutaneous red spots marks the culminating point of the disease, after which the period of decrudescence and remission commences. Alimentation may then be commenced, light and careful feeding, composed of milk, especially ass's or mare's milk, or cow's milk diluted with water, if the two former kinds are not to be had; then the rest of the diet of the same character, according to the capability of the patient. According to M. Luton, the synthetic treatment of typhoid fever may be summarized as follows: 1. To furnish to the physiological vaporization, which regulates the temperature of the body, a sufficient amount of material, viz., water. 2. By the dearth of ternary aliments, and generally by a spare diet, to hinder septic fermentations. 3. To induce as far as possible a special anti-septic action, which helps in the purification of the infected economy, and removes the unfavorable chances of an evolution adandoned to its free course. 4. To destroy the germ.—*Med. and Surg. Reporter.*

Formulary.

OINTMENT FOR ORCHITIS.

Dr. Bourdeaux (*Gaz. des Hôp.* 1881, No. 18) recommends the following as an external appication in orchitis, claiming that under its use the pain and swelling quickly disappear:

℞	Iodoformi....................	ʒ j
	Vaselinæ....................	ʒ x

M.

BOTKIN'S CHOLERA DROPS.

℞	Tr. cinchonæ co.,...............	
	Spts. ætheris co.,..............āā	℥ ss
	Quiniæ muriatis.................	℈ j
	Acidi muriatici dil..............	ʒ ss
	Tr. opii.......................	ʒ ss
	Ol. piper. menth...............	gtt. xv.

M.

THE SALICYLATES IN SEROUS DIARRHŒA.

We reproduce, by request, Dr. Hutchins formulæ for salicylic acid in the serous diarrhœa of infants:

℞	Acidi salicylici..............	gr. xxx
	Cretæ prep...................	gr. x
	Syrupi......................	ʒ ij
	Aquæ......................	℥ xjv.

M. Sig. Two teaspoonfuls every two to four hours.

℞	Acidi salicylici..............	gr. xxvj
	Bismuthi teroxidi...........	gr. xjv
	Tr. hyoscyami..............	ʒ j
	Syrupi.....................	ʒ ij
	Aquæ	ʒ xiij.

M. Sig. Two teaspoonfuls every two to four hours.

℞	Acidi salicylici..............	gr. xxij
	Cretæ preparatæ.............	gr. viij
	Misce et div. in partes no....	vj *vel* x.

Sig. One every two to four hours.

CUPRIC TEST PELLETS.

Dr. H. G. Piffard writes to the *Med. and Surg. Reporter* asserting his claim to the invention of cupric tests pellets, which honor some are disposed to confer on Dr. Pavy, of London. Dr. Piffard's formula is as follows:

R	Sulphate of copper (chem. pure)....	1 part
	Cryst. tart. of soda and potassa.....	5 parts
	Sodic hydrate (chem. pure)........	2 parts.

Mix thoroughly in a mortar; the more labor spent in this the better the product. Put a piece of the pasty mass thus made about the size of a C. C. Pill into a test tube. Add two drachms water and boil till mass is dissolved. The solution has a uniform, pale and rather dirty blue color. Add two or three drops of the suspected urine and boil again for a moment. If sugar be present the usual reaction will be manifest.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, JUNE 25, 1881. No. 12

Editorial.

Heart Starvation.

We think we might safely appeal to the experience of our readers for support of the statement that in the absence of valvular disease of the heart the diagnosis of any affection of that organ is extremely uncertain. So difficult, indeed, is it to determine pathological conditions not associated with valvular insufficiency that it has become the rule to set down all cardiac disturbances not thus associated, under the comprehensive head of "functional." In the absence of a murmur all disturbances place the examiner over a quagmire of doubt, and few there are who succeed in securing a spot on which they may plant the foot with any sense of confidence. Next to "functional disease," "fatty degeneration" is a heading under which are probably classed the largest number of cardiac diseases not attended by trouble in the valves. These two heads, in fact, practically embrace all the cases of heart disturbance in which the valves are intact.

The necessity of more light on the subject is, we think we should be safe in affirming, universally felt in the profession. A recent article in the *Edinburgh Medical Journal* (May no.), by J. Milner Fothergill lets in a few rays, which may enable the more acute of perception to detect hidden mysteries. Dr. Fothergill in this article points out certain important points of difference between the causation of cardiac asthenia occurring in the young and in the aged. Fatty degeneration is essentially a senile change, and when occurring in the young or middle-aged is a symptom of age,—physiological if not chronological. The symptoms of fatty degeneration presenting in a young person may very generally be regarded as pointing to a condition independent of fat in the cardiac muscle. Dr. Fothergill regards this condition as the result of "starvation of the muscular structure of the heart." The possibility of such starvation must be apparent from what is known of the possibility of its occurrence in voluntary muscular fibre. A person may be of rotund form, indicating ample nourishment of the adipose tissue, and at the same time have an attenuated muscular system, showing that of the food ingested the amount appropriated by the former is out of proportion to that going to build up the latter. This lack of appropriative power, this deficient assimilation of the albuminoids is the result either of disease or of a lack of that proper activity (muscular contraction) which is a physiological necessity to the well being of muscular structure. The imperfect development of the muscular system of the sybarite associated with an abundance or superabundance of adipose, is a sufficient illustration (if one be needed) of this fact. The diseased condition manifesting itself in defective nourishment of the muscular tissue, voluntary or involuntary, is usually located in the liver. This organ failing to discharge functions indispensable to further and final transformation of the peptonized albuminoids after they have left the stomach, the heart and the diaphragm, the two great muscles constantly in motion, fail, with the muscular tissue throughout, to receive the necessary quantity and quality of pabulum; they are starved. The slightest exertion under these circumstances gives rise to the breathlessness and palpitation which combined with feeble cardiac systole create the suspicion of fatty degeneration. Iron and digitalis are administered but they are impotent—the iron because without a proper discharge of the hepatic function it cannot be prepared for absorption and assimilation, digitalis because of the deficiency of that non-striated tissue on which it acts and through which it is a cardiac tonic.

The remedy in these cases is suggested by a knowledge of the cause. The liver rather than the heart must first receive attention: (1) reduce its work by a dietary containing albuminoids in sparing quantities, and in easy digestible form; (2) sweep away the nitrogenized waste and so cleanse the blood. A little proteid food in such cases gives more tissue pabulum than a meal rich in albuminoids. The tissue may be starved and the stomach be full of albuminoids. Upon a dietary rich in albumenoids there is a maximum of waste, deleterious as well as useless, without tissue nutrition. After the liver has been set right by a proper dietary, aided by such hepatic stimulants as iridin and euonymin, and not before, iron, strychnia and digitalis may be given.

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A National Medical Journal.

The favorable report of the Committee at the meeting of the American Medical Association, on the subject of establishing a weekly medical journal by that body, which should publish the papers and transactions which are now issued annually in a bound volume, has elicited considerable discussion on the question of the capability of the American profession to conduct a creditable journal. The success of the *British Medical Journal* and its influence in building up the British Medical Association are advanced as the strongest argument in favor of a journal occupying a similar relation to the American Medical Association. Doubtless this body is in need of some such influence as will make it more truly representative of American medicine, and if a medical journal as proposed, can be demonstrated to be reasonably sure of exerting it we will hold up both hands for a journal. We, however, doubt very much the possibility of the establishment of such a journal in this country. It is scarcely necessary to point out the obstacles to success peculiar to a country of such a magnitude as ours and one whose interests are so diversified. England is scarcely larger than one of our smaller states, and the profession there are as much of a unit, in so far as questions of a general interest are concerned, as the members of one of our state societies are. There is no East nor any West there ; no North or South ; no great rival medical centres, and few, if any, of those questions, with aspects varying with the angle and distance of view, which a national journal in this country, unless it were purely scientific, (and a purely scientific journal would die of inanition, as all bores should) would be obliged to consider. England can have her London *Times* but such a paper would be impossible in this country, and we can no more, from the very nature of the case, have a national medical journal than we can have a national secular paper.

Another reason of the success of the *British Medical Journal* lies in the fact that it has fortunately secured as its editor a gentleman with a peculiar editorial genius. Before Mr. Hart assumed charge, about eleven years ago, it had dragged along, a quite inferior journal, for the previous eight or nine years of its existence. Doubtless there exists an equally good man in this country, but he remains to be found out ; (we take it for granted, of course, that no editor now engaged would be selected, but a new, untried man, with no entangling alliances). There are dozens, and perhaps scores, who have never tried it, who will fail to see any difficulty in the way of selecting a suitable editor, provided the salary be sufficiently attractive. It would take time to demonstrate that editors like poets are *nascitur non fit*, and in the meanwhile the journal would prove a heavy load.

Dr. Warren's remarks at the Richmond meeting, to the effect that it is only those journals which are weak and have cause to fear the establishment of a first-class journal, which oppose the journal scheme of the Association, were, we think, entirely gratuitous.

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Miscellany.

SMALL-POX.—Dr. Henry B. Baker, secretary of the Michigan State Board of Health, has addressed the following interesting and important communication to the members of the Board:

"GENTLEMEN:—At a meeting of the New Orleans Medical and Surgical Association held May 7, the following resolution was adopted:

"*Resolved*, That the special attention of the National Board of Health be called to the unusual prevalence at the present time of typhus fever, scarlet fever, small-pox, and other contagious diseases in the Northern and in some of the Western States. We, therefore, urge the necessity of immediate action, the most rigid railroad inspection from such places, believing, as we do, that they may be considered *dangerously infected*."

There have been reported from various portions of this State, cases of small-pox so that now it may be considered to have been pretty well scattered over the State. So far, the local boards of health have succeeded in keeping the disease from spreading to an alarming extent. In this they have been aided by the fact that by action of this Board in years past, thousands of people in the state were vaccinated and thousands more have been vaccinated this spring. But, although no general outbreak of the disease has as yet occurred, yet, from the great numbers of immigrants pouring into and through this State, and the general prevalence of small-pox in foreign ports from whence these immigrants come, there is danger of such an outbreak, and it seems to me some action should be taken to prevent the the further introduction of small-pox into the State. In order that there may be careful thought on this subject before action, I send you the copy of the following letter from Stephen Smith, M. D., committee of the National Board of Health on the Prevention of Small-Pox, and would respectfully suggest that you give this plan some thought and be prepared to take some action at the regular meeting of the Board, July 12, 1881. The letter is as follows:—

Dear Dr. Baker:—

The only plan by which small-pox, spread by emigrants, can be brought under effectual control seems to me to be this, viz.,—the concerted action of municipal, State, and National Sanitary Authorities. The special functions of each might be thus stated. 1. The Nat. Board might appoint Port Inspectors who should examine every immigrant and give cards to each with name and date of inspection; if the person is found protected, give him a white card: if unprotected, vaccinate him and give him a red card with name and date of vaccination. 2. Appoint Inland Inspectors to be located at the great centers where the emigrant trains pass from one state into another,—as at Buffalo, Ogdensburg, Pittsburg, Wheeling, Detroit, Cincinnati, Chicago, St. Paul, Kansas City, St. Louis. These inspectors could examine the cards, allow those holding white ones to pass, but re-examine those holding red ones, and if vaccination is not effectual, revaccinate. State authorities could inspect at such points as the emigrants are likely to be directed from the train and locate in the State. 3. The municipal authorities would follow the emigrant to his home and secure general vaccination of the community.

Would your state board be interested in taking action in this matter; or do you not suffer from immigrants? The National Board cannot properly act unless State and local boards call for aid. If there was combined action of the State Boards, the National Board could co-operate at Ports and on inter-State lines, and the whole machinery of sanitary organization could work in harmony and effectually exterminate this pestilence. Emigrants arrive at New York at the rate of 6,000 and 7,000 daily, larg numbers unvaccinated, and all have been exposed to small-pox in foreign ports. It seems to me that there is a grand opportunity for the sanitary authorities of the United States to combine, each working in its sphere, and give an example of their power to exterminate a plague which will increase for a year or more unless we make such an effort. I have detailed this plan to our Health Officer and Dr. Harris, and they apporve. I think our State Board will ask the National Board to aid in preventing the introduction of small-pox.

(Signed.) Stephen Smith.

Such an inspection service as detailed need not confine its work to small-pox, but the introduction of typhus fever and other contagious diseases could be guarded against.

I trust this important subject will receive due attention."

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SPLENOTOMY.—"Fair play" contributes the following on the recent fatal case of splenotomy in this city:

"The surgeon occupies a peculiar place in medicine. His work is on the surface—open to inspection. Herein it differs from that of the physician proper, the result of whose advice is hidden from the eye. The mistakes of the latter, whether the outcome of ignorance or of the defective judgment which is so large an element in all human action, are hardly ever detected, and doubtless there are some whose victims rival in number those of Herod, who are still the idols of communities. They are assiduous in their attentions for weeks and months, but their assiduity is without proper direction, and when the patient succumbs their ofttimes honest tears mingle with those of the bereaved. In the midst of the sorrow, all unite in beautiful submission to the dispensation of an overruling Providence, who "doeth all things well." the remains of the dear departed are beautifully laid out mid a forest of costly flowers, the good man who delivers the post mortem oration discovers virtues of character never suspected ante mortem, the grave diggers throw in the dirt and that is the last of it as far as the doctor is concerned, unless indeed the very affliction for which he is responsible have not actually made him dearer to the family of the departed. With the surgeon it is not so. It is true when his operation succeeds he wins much *eclat*, but when it fails, and through the same causes (ignorance or defective judgment) which results in the failure to the physician proper, he is a butcher and has brought "odium and disgrace upon the profession" (Wyman) or "like Napoleon, regards human beings but as a means to a single end, and that end the bauble reputation" ("Conservative").

I was both surprised and pained to see the communications on "Splenotomy" in the last NEWS. Not because I would advocate silence under an abuse of the prerogatives of the surgeon, but because the case has, I fear, been prejudged and Dr. McGraw correspondingly put in a false light. This gentleman is a somewhat voluminous writer, wielding a pointed pen, and is in the habit of minutely reporting his operations for professional edification. Why not, therefore, have allowed him an opportunity to report the case before condemning his method? It is true gentlemen present at the operation have quite freely narrated the details of the operation, and it is even said that Dr. McGraw was about to desist and would probably have gone no further, when on opening the abdomen he discovered the true condition of affairs, had his better judgment not been overruled by some about him who had never seen a spleen removed and were, doubtless, anxious to witness such an operation. There may be extenuating circumstances in the case, and justice demands that judgment be suspended until Dr. McGraw be heard from. It is not permissible either in law or equity to condemn a man unheard, and I am not without a belief, generated by hope, that when Dr. McGraw favors the profession with a report of this interesting case, it will appear that his conduct in the matter has not made the "black blot on the escutcheon of modern surgery" which "Conservative" is so free to insinuate."

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EXCESSIVE EATING AS A CAUSE OF DISEASE.—Dr. Liveing contributes the following on a too much neglected subject. There is no doubt, that an excessive indulgence of the appetite is a recognized cause of a long list of ailments but the question is what constitutes excess in this matter. All that is not appropriated is excess and the system must suffer eventually from the non-physiological effort to rid itself of this excess:

"I frequently meet with cases of intractable eczema pudendi in women past middle life, of sedentary habits, and eating three large meat meals a day, and trying by all means in their power to stimulate their appetite, under the erroneous impression that they are "keeping up their strength." Now, in these and similar cases, medicine and local treatment are almost equally useless, unless there is, at the same time, a thorough reform in the diet. The first point is to deprive the patients of sugar as an article of food, except just enough to make light puddings palatable. The reason for this is that much of the sugar passes the liver unchanged, and is therefore worse than useless as a food. The next point is greatly to reduce the animal food, especially mutton and beef, and to substitute for it simple clear soup, and poultry or fish in moderate quantity once a day. Lastly, the chief part of the daily diet should be made up of light farinaceous and milk food, such as bread, rice, and macaroni. This is, I know, contrary to the view often entertained, that saccharine urine should be treated by animal diet and that starch should be as much as possible excluded. Now, whatever good may result from such a diet in some cases, I am quite sure that it does not answer in those to which I refer; on the contrary, exactly the reverse holds, and the old routine practice, except so far as sugar is excluded, is quite wrong. I have seen the sugar disappear from the urine and the eczema depart under a change of diet such as I have above recommended. The truth is that many people at sixty, when the tissue changes are slow, eat as much, or more than they did at twenty, when all the processes of change are at the height of their activity; what wonder, then, that unnatural work is thrown upon the skin, kidneys, and other excreting organs of the body. There is some substantial truth in the saying that small eaters live the longest.

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PHYSICAL DETERIORATION OF THE ANGLO-SAXON.—The *Lancet* has the following note on a question which is ever and anon recurring. The remarks may be profitably taken home; they apply with fully equal, if not greater force to American heads and bodies:

"Is it a fact that the Anglo-Saxon race is in slow process of physical deterioration? Such is the opinion of Mr. Horsfall in a letter addressed to the ***Manchester Guardian***, arising out of a statement by Dr. Beddoe and Mr. Tuckett that "British heads are smaller than British heads used to be." He points out that the conditions under which the youth of the country are brought up in these days are such as to favor the development of a stunted race. No playgrounds, no public gymnasia, and an enforced resort to early drinking and smoking are the main factors at work, according to this authority in the production of a general enfeeblement, unknown in the freer and robuster times of old. And there is, it must be admitted, considerable truth in the argument. With all our endeavors at improved sanitation, there remains much to be done in the way of physical education, and the gospel of a healthy body which shall be capable of all the demands made upon it needs to be strenuously preached and acted upon in the interests of the nation. The mode of life of a great number of our urban population is the great evil of civilization. Deprived of fresh air and healthy exercise, combined often with an improper and an inadequate supply of food, and a consequent resort to artificial stimulants, such people are growing up under conditions which can only lead to one result, that of defective development. For our own part we heartily endorse the suggestion made by Mr. Horsfall, that places of open-air recreation and gymnasia shold be vastly multiplied, and access to them obtained even on that day of the week termed a "day of rest," but which is too often a day of idleness and dissipation. We sadly want in this matter the exercise of that common sense which has usually been regarded as the peculiar feature of the British character, but which in some matters is kept wholly in the background, and never asserts itself."

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THE PROGRESS OF SURGERY.—The progress of surgery is well illustrated in the following extract from a recent lecture of Prof. Von Nussbaum, of Munich:—

That great scholar, Phillips von Walther, asserted that it was an impossibility for any man to see the deeper parts of the eye. He founded this statement upon the fact that the eye is a "camera obscura;" it is like a chamber with one window, as seen from without, appears always black, and dose not permit of the remote parts of the room being seen. No one disputed this statement of Walther's; but scarcely was he laid in his grave when the ophthalmoscope was invented, and the deeper parts of the eye explored with almost mathematical exactness. The first step was to reflect light into the eye by means of a mirror; then the silvering was removed from a small portion of the back of the mirror, and so, while the rays of light reflected from the mirror lit up the interior of the eye, the structures could be conveniently examined through the transparent part of the mirror.

Dieffenbach, the bold German operator, wrote, in 1842, "It is unjustifiable to cut into the abdominal cavity in order to take out a diseased ovary. The organism will not tolerate such interference." Dieffenbach had only been a short time dead when ovariotomy produced splendid results in England; and now Keith performs fifty successive ovariotomies with only one death. A very modest calculation shows that through the ovariotomies successfully performed in England, France, and Germany, more than 30,000 years of life have been spared to the human race.

A few decades since it was considered that wounds of the intestine were invariably fatal; no one dared to put in stitches. Now the intestine is drawn out of the abdominal cavity, diseased portions to the extent of 10–12 cm. are taken away, and the healthy parts brought together. The bowel, carefully protected, is left outside the abdominal cavity for, perhaps, a few days, until it is soundly healed, and then it is returned into the abdomen. Thus it cannot now be affirmed with truth that wounds of the intestine are necessarily fatal.

It is not so very long since a suggestion made by the surgeon, Carl Theodor Merren, to remove cancer of the stomach, was looked upon as "a beautiful dream of youth." However, Professor Czerny demonstrated practically, four years ago, that a person can continue to live after the whole stomach has been removed. He cut out the entire stomach, and stitched the œsophagus to the intestine, and the digestive functions were carried on very well, and the patient had good health.

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GYMNASTICS AS A CURE OF DISEASE.—Dr. Felix L. Oswald in *Popular Science Monthly:* Physica vigor is the basis of all moral and bodily welfar and a chief condition of permanent health. Lik manly strength and female purity, gymnastics an temperance should go hand in hand. An effemina man is half sick; without the stimulus of physica exercise, the complex organism of the human bod is liable to disorders which abstinence and chastit can only partly counteract. By increasing t action of the circulatory system, athletic sports pr mote the elimination of effete matter and quicke all the vital processes until languor and dyspepsia disappear like rust from a busy plowshare. "When I reflect on the immunity of hard-working people from the effects of wrong and overfeeding," says Dr. Boerhaave, "I cannot help thinking that most of our fashionable diseases might be cured *mechanically instead of chemically*, by climbing a bitterwood tree or chopping it down, if you like, rather than swallowing a decoction of its disgusting leaves.

The medical philosopher, Asclepiades, Pliny tells us, had found that health could be preserved, and if lost, restored, by physical exercise alone, and not only discarded the use of internal remedies, but made public declaration that he would forfeit all claim to the title of a physician if he should ever fall sick or die but by violence or extreme old age. Asclepiades kept his word, for he lived upwards of a century and died from the effects of an accident. He used to prescribe a course of gymnastics for every form of bodily ailment, and the same physic might be successfully applied to certain moral disorders, incontinence, for instance, and the incipient stages of the alcohol habit. It would be a remedy *ad principium*, curing the symptoms by removing the cause, for some of the besetting vices of youth can with certainty be ascribed to an excess of that potential energy which finds no outlet in the functions of our sedentary mode of life. In large cities parents owe their children a provision for a frequent opportunity of active exercise, as they owe them antiseptic diet in a malarious climate."

CASTRATION FOR DEMENTIA FROM MASTURBATION.—Dr. N. L. Folsom, of Portsmouth, N. H., writes:

"In 1843 Dr. Josiah Crosby, then at Laconia, N. H., and later at Manchester, N. H., (and brother of the late Prof. Dixi Crosby, at Hanover, N. H.) with the assistance of myself and another medical student of his, castrated (with the consent of the patient and his father) an intelligent young man, a school teacher in the country, for approaching dementia, from masturbation. The operation completely cured and restored him to usefulness and to society. He had ceased to leave his house, or to mix with any society, and did not wish to see any one. This young man, 22 years old, I think, had been medically treated by other persons until his father had given up all hope of recovery for a long time. In my opinion no other treatment, not even the porte caustic, (and Dr. Crosby had that instrument,) would have saved him from complete dementia. I have looked upon the cure of this young man through my whole professional career, as a wonderful achievement. He became afterwards an active business man, such as a clerk in a postoffice, selling goods, etc., etc. There are thousands of just such cases throughout the land, who, by this treatment and by no other, can be cured, but no one dares to prescribe this and execute it, for fear of his reputation, and possibly a prosecution by some of his nearer relatives, and perhaps by himself, put up to it by some briefless and unprincipled lawyer or meddlesome and envious doctor. Extreme cases of this kind are incurable by any other treatment. I think that superintendents of insane asylums should, by the consent of the man's friends and others, castrate hopeless cases of dementia from masturbation. Other treatment, of course, for a reasonable time should be tried.

THE NECESSITY OF REST AND SLEEP.—Dr. Chevers: "Cease to work on Sundays," was Johnson's dying adjuration to Joshua Reynolds. Medical men are, of course, unable to command any given moment of their time; still, all those who wish it can generally make Sunday a day of rest. It is clearly indispensable that the medical man shall be an early riser, and, when in large practice, he is rarely allowed to waste time in sleep, but, whenever he can get it, his sleep should be quite *ad libitum*. I could never understand a judge who boasted that he restricted himself to five hours' sleep; but it appeared to me that the singular irritabity which he displayed on the bench was largely attributable to this cause. The greatest and most laborious ruler of India in modern times, Lord Dalhousie, considered that hard study or intense mental labor of any kind cannot be habitually maintained longer than six hours. When more is attempted, the result is muddle. Of one practical fact there can be no doubt: he who works and thinks all day cannot afford, systematically or frequently, to spend half the night in any frivolous amusement or intense study. Many elderly men lose their reserve force and break down in vainly attemptihg these modes of life.

APHORISMS IN DOUBTFUL CASES OF PREGNANCY.—Dr. Robert Battey, at the late meeting of American Medical Association, enunciated the following rules as a guide to diagnosis in abdominal enlargements in females:

1. Always consider a married women pregnant if living with her husband, until *proved* otherwise.
2. Always consider an unmarried woman innocent till *proved* guilty.
3. Always believe that a woman married, of the highest character, living with a husband of equally high character, both solemnly assuring the medical man that no intercourse has taken place for two years, as she has been bed-ridden for that length of time, may bring forth a dead fœtus.
4. Always believe a young unmarried woman, with abdominal tumor, of high social position and and unimpeachable virtue, if she has been watched over by a platonic and abstemious young cousin of the male persuasion, while the mother went out, to be pregnant.

Messrs. Henry C. Lea's Son & Co., who recently earned the thanks of the profession of this country by placing before them an Americanized edition of

Reynold's system of medicine, in three volumes, announce that they will soon issue what may be called a companion work on Surgery, viz., Holmes' System of Surgery, Americanized. The new work has been in course of preparation for over a year, some thirty distinguished surgeons in different parts of the country having during the time been at work on it.

In order to bring it within the reach of every member of the profession, the five volumes of the original have been compressed into three, by employing a double-columned imperial octavo page, and in this improved form it is offered at less than one-half the price of the original—3 vols. cloth $18.00, leather $21.00, half Russian $22.00. It will be beautifully printed on handsome laid paper.

The work will be sold by subscription only, and in due time every member of the profession will be called upon and offered an opportunity to subscribe.

The July number of the *North American Review* bears the usual characteristic of timeliness. Carl Schurz leads off with a suggestive paper on "Present Aspects of the Indian Problem," in which he discusses the Indian obstacle in the way of the country's development. Next a caustic writer gives the views of "A Yankee Farmer" on "The Religious Conflicts of the age," to the discomfiture of the modern Agnostic, Moralist and Evolutionist. Another trenchant article is "The Power of Public Plunder," by James Parton, which appeals to the sons of our men of character and wealth, on patriotic grounds, to enter into politics, and become the safeguards of their country against rings and bosses. Mr. Henry George dwells on "The Common Sense of Taxation." "The Cost of Cruelty" is presented by Mr. Henry Bergh, and "A Study of Tennyson" comes from the pen of Mr. Richard Henry Stoddard.

Punch closes his song on Medicine in his "Songs of the Sciences" with the following stanza :

"Here, surely, is a grand career—to cure our poor humanity
 Of all the ills to which our flesh is heir—a noble strife
To wage against each fell disease, disorder, and insanity—
 To wrest the victory from death, and give the patient life.
And when you've studied all you can, in order categorical,
 When you have worked at every branch of science under sun,
You'll find—the illustration's not my own, but is historical—
 You pick up pebbles on the shore,—you've only just begun!"

The *Scientific American* calls attention to the fact that while hogs in this country have a market value babies have not. The result is that the hygiene of hogs receives greater attention than that given the physical well being of children. A death rate among pigs less than one-third the death rate among children in our large cities, moves the government to costly investigation of the cause, and to diplomatic correspondence with foreign nations, while produce Exchanges get excited on the subject and all the newspapers join in the discussion. The babies die by the thousand in New York and other overcrowded cities and scarcely any notice is taken of the fact.

The *American Medical Bi-weekly* does not like the manner in which Bellevue's backsliding is criticised and sententiously remarks that "times have changed very sadly. In the good old testament days, it was considered a miracle for an ass to speak, but now it is a miracle when he is quiet." There is a kernel of truth in this dictum, but there are journals in the country who could make the remark with less danger of having its point turned on themselves.

On dit that a new medical journal is about to be started in New York with the immedate intention of rivalling the *Medical Record*, and the ultimate design of supplanting that live publication. Of course there is nothing impossible but the projectors of the enterprize will find that they have undertaken a good sized job,—have, perhaps, in vulgar parlance, "bit off more'n than they can chaw."

A New York doctor recently changed his residence and had put up on the house he vacated a notice of his removal to No. ——, —— street. His old landlord revenged himself, for arrearage of rent or some other cause of displeasure, by attaching to the notice the following : "For which we are truly thankful." His arrest quickly followed, but he was discharged on agreeing to remove the obnoxious words.

It has been suggested for a substitute for the wonderful hair invigorators which are such "sure cures" for the shining pate, to resort to skin grafting—taking the skin with healthy follicles intact from the heads of young persons. With this remedy a demonstrated success, old bald heads will go up to the surgeons, and the venerable pows of our daddies will become things of the past.

Dr. Edward Playter, of Toronto, Ontario, is collecting statistics on consumption for publication. He has a printed set of questions which he desires to send to physicians sufficiently interested to reply to them. Dr. Playter is of the opinion that the whole profession will be benefitted by his undertaking. Drop him a postal card bearing a request for his questions.

The *Chicago Medical Journal and Examiner* for June, has a supplement of 112 pages, giving a very full report (the fullest by the way which has yet appeared) of the proceedings of the Richmond meeting of the American Medical Association. This is a bit of enterprize which will be appreciated by the readers of that first-class journal.

Could conjugal affection be more strictly displayed than it is in the subjoined ? "And so, doctor, you think my dear wife will get well ?" "I am sure of it, if you can persuade her to take this dose." "Doctor, take it she shall, if I have to break every bone in her body."

The Detroit Medical College has taken to itself a Board of Counsellors, consisting of thirty physicians from different parts of the State. The duties of this Board will be to exercise a general oversight over the college, and to supervise the examination of candidates for graduation. "*No diploma* shall hereafter be issued without the consent of the Board of Counsellors." With its large corps of professors and its thirty counsellors, this college will certainly be in a position to secure to its graduates an examination which will mean something. The student who runs this gantlet must needs be "well up."

The doctor who went off on a fishing excursion instructed his servant to tell everybody he had gone to the country to attend a bad case. "But patients are so curious," said the servant, "what shall I say of the case, give it a name." Well, call it, let me see, yes, call it a case of *ichthyosis.*"

In reply to the query closing the note on "Scrotal Hæmatocele" in our issue of the 25th ult. we would give it as our opinion that the sooner the scrotum is relieved under such circumstances the better, and that the operation referred to should have been performed immediately unless there were reasons, not connected with the immediate seat of injury, which forbade it.

Our attention is called to the fact that Dr. Maughs' views on the communicability of secondary syphilis as such, were anticipated by Dr. C. A. Bryce, of Richmond, Va., in an article in the *Southern Clinic* of February, 1880. Render unto Cæsar the things that are Cæsar's.

A case is reported by Dr. Walter Mendelsohn, of the New York Hospital in which the temperature of the patient, who was brought to the hospital in a starving condition, sank to 90.6. Dementia developed shortly.

Alexis St. Martin is no more. Some are born great and some achieve greatness, but few ever had so much greatness thrust on them, as came to Alexis through his little fistula. Gone to meet Billroth's stomachless victims where digestion is a lost art.

According to a recent statement of the *Medical Record* the deaths in New York City exceed the births by about 10,000 annually. What will the harvest be?

Dr. Cole reports in the Cincinnati *Lancet and Clinic* that he recently attended a lady who gave birth to a child well developed in every respect except that the cavities of its orbits contained no eye balls.

Our State legislature has adjourned. The harvest is past, the summer is ended and we (the people) are not saved from the plague of montebanks which do afflict. How long, oh Lord, how long!

A mixture of two drachms of tomato or walnut catsup to the ounce of codliver oil is said to render the latter palatable.

Benzine may be freed of its offensive odor by shaking it up well with quicklime—about three ounces to the gallon.

Original Articles.

Yellow Fever.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

INSCRIBED TO THE NATIONAL BOARD OF HEALTH.

Ου πραξις αλλα γνωσις.

Yellow fever is another of the "curious" and "singular" diseases which remains an unsolved problem of medicine. It is a disgrace to the so-called science of medicine that with every opportunity to investigate and elucidate its nature, its true cause is still enshrined in mystery. Their Eminences attribute it to a poison in the blood, but they are "barking up the wrong tree." (This is not dignified I know, but it is expressive and emphasizes a fact.) They are on a still-hunt for a poison in the blood. This poison they fancy is real. Let us humor the fancy. It consists of myriads of minute demons who exist in the blood. Zymosis is the mother of these demons. She pervades every situation in which the demons can breed and thrive, but especially does she relish the blood. Let one of the demons find entrance through the air passages to the blood and zymosis enters too, and begins to breed more demons. She brings them forth with the rapidity of thought, until in a short time the blood is populated with myriads of them. Each demon straddles a corpuscle and goes racing up and down through the vessels raising Cain with the circulation. These demons in their fury gallop their steeds (the corpuscles) along so rapidly that the blood gets heated up. They are fiery devils and enjoy the heat. They get warmed up to the work and drive the faster, and when the blood gets red-hot they proceed to fortify themselves and block up the avenues so they cannot be driven out. A lot of them attack the kidneys and they drive the swollen corpuscles into the capillaries and pile them up and jam them down, and at length that outlet is blocked up. The doctors look very grave at this and shake their heads and say: "Suppression due to the virulence of the poison." If they could only see the gleeful little demons dancing and capering around they would have a different idea. Another lot attack the stomach but the vessels here are too delicate, and yield to the pressure and burst. The blood exuded from the ruptured vessels is vomited and again the doctors look grave and shake their heads and say: "Black vomit." They think the poison can be found in that and one of them drinks some of the vomit, but it is harmless for the demons have escaped from it because the blood is no longer in motion and they cannot gallop their steeds up and down in it. Another lot of demons attacks the nerves and play hide-and-seek among the nerve-cells, which makes the nerves ache and fairly howl with pain. The demons laugh at this until their sides ache and little tears run down their cheeks.

Meanwhile the doctors are not idle. They send other demons into the blood with warrant to throttle, strangle and drive out the first. The work gets poorly done, and at length nature, finding her handmaid, science, a poor stick, rallies her forces and does the business by dispossessing and eliminating the demons herself.

These demons do not like cold and presently a frost comes and they depart to a tropical climate, except those who linger too long and get untimely nipped. They return to their home from which they have only come on an excursion.

Meanwhile the job of catching some of these demons has become a national affair, and the National Board of Nincompoops is authorized to catch any amount of them. It is satisfactorily shown that these demons have a substantial existence, for nothing else could cause such a fever in the blood. That is an unanswerable argument. But the hunting of these demons being an expensive business money is needed for the purpose. The money is forthcoming and an Eminence is despatched to the exotic country where the demons dwell. He searches everywhere, sifts the atmosphere and analyzes the earth, the water and the blood, but does not bag a demon. After many months spent in the useless hunt he returns and says so. The president of the Board of Nincompoops says it is a great pity, for if he had only caught even a single little one and fastened him on a piece of glass so that we could exhibit him we might get another appropriation to build our frost ship, for the demons are afraid of frost. But now we will have to depend on paper pellets and quarantine. (Quarantine is a great hulking fellow who stands at the mouth of water-ways—the demons travel by water—and shoos them away.)

This fable teaches that the asses of the profession are usually selected to be members of boards of health. These fellows appear to the eyes of ordinary mortals to be dignified, erudite, and abstruse. When they are probed, however, it is found that their dignity is the thin varnish of their arrogance; their erudition consists of the borrowed covering of their asininity and their shallowness is exhibited in the results of their observations, which show that they only examine the surface of things.

They are "barking up the wrong tree." The existence of a poison in yellow fever is assumed when it would be more logical to assume its nonexistence. This poison is a chimera, a creature of the imagination begotten of ignorance and superstition. The light of science is indeed but a rush-light if it cannot dispel the darkness that surrounds the nature of this disease. Putting aside all idea of a poison let us see what illumination of the subject will proceed from a penny dip.

Yellow fever is not a fever. (This sounds dogmatic enough, but not more so than the enunciations of writers on medicine in general. Indeed I find them mostly dogmatic.) The very name is a misnomer and misleading, and shows that medical science has made no progress in this particular since the days of Galen. He defines fever to be *calor præter naturam*, and the incorrect definition holds good to-day.

Yellow fever is a hyperthermy. Hyperthermy is one thing; fever is another. In hyperthermy the ganglia the sources of normal heat are depressed. All calorification of the body is due to the action of the nervous system. But the ganglia being rendered inoperative by reason of the depression, the law of compensation steps in and the burden of calorification is thrown upon the cerebro-spinal portion of the nervous system. This law means simply that when one organ is disabled the burden of its function must, perforce, be assumed by its fellow. Here the burden of heat production is cast upon the cerebro-spinal nerves and the governor of the heating apparatus being out of gear, the caloric generated is excessive and irregularly distributed. Of course to produce this effect the nerves have to exert an undue amount of force. In other words hyperthermy is due to hypersthenia of the cerebro-spinal nerves, and *per contra* fever is due to hypersthenia of the ganglia. The theory will hold water. For hyperthermy can be prevented or banished not by an anti-febrific but by an anti-hyperthermic remedy, that is by an agent which restores the sthenicity of the ganglia and produces co-sthenicity between the two divisions of the nervous system, whereas this remedy has no control or influence over the febrile condition. And this proves the theory to be true.

Yellow fever is a disease the chief characteristic of which is general idiopathic passive congestion, and this condition of the blood in its relation to the containing vessels is due to general gangliasthenia. A single prodromic symptom of the disease interpreted by the light of an emotional expression gives the location of the congestion, and points out the kind of gangliasthenia to which the congestion is due. Blushing, caused by the feeling of self-consciousness or the emotion of shame, produces a temporary diffused redness of the countenance. The circulation of blood temporarily impeded in the arterioles, accounts for the rosy suffusion of the face. The pathology of a blush is evanescent arterious congestion. In yellow fever a bright scarlet hue spreads over the cheeks—a permanent blush which as the disease progresses changes to a dusky purplish red color. This flushing of the face is due to arterious congestion. All idiopathic passive congestion is due to gangliasthenia, and the congestion of yellow fever being arterious must be ascribed to arterio-motor gangliasthenia. In the incipiency of the disease the condition is mild, and when the disease is fully formed it becomes acute. So that in the stage of complete development yellow fever may be stated to be acute general arterio-motor gangliasthenia *cum* icterus. The conjoined icterus being due to the general condition is added to the name to denote the particular disease and to distinguish it from others of the same character but which show differences of feature. Thus "milk sickness" could be called acute general arterio-motor gangliasthenia *sine* icterus, for the two diseases are identical except in this particular of the jaundice.

Sunstroke may be instanced as the type of the ganglionic diseases. Cholera will then stand at the head of the hypothermies and yellow fever at the head of the hyperthermies. With exchange of environment these two diseases are almost interchangeable. Thus, if the individual in whom yellow fever is developed at Havana were in Calcutta the disease would assume the shape of cholera. It goes without saying then that the environment is the cause of this disease as well as of cholera. Yellow fever and cholera are in some respects the converse of each other. In the one the serum of the blood passes out and is ejected *per anum* while the corpuscular portion remains in the vessels. In the other the corpuscular part of the blood is ejected *per orem* while the serum is left to circulate and gives the "gaseous" pulse of the disease.

The consecutive fever of cholera is a hyperthermy to which if icterus were added it would be almost identical with yellow fever. This denotes in some measure their interconvertibility. If it were possible in yellow fever to shift the depression from the arterio-motors to the veno-motors, the disease would without doubt be converted into cholera, and *vice versa.* This is not "an adumbration of the truth" (Beard) but is truth itself shining out clear and bright through the clouds of error.

It is unnecessary to trace out the symptoms of yellow fever and suggest a plan of treatment adapt- to the indications, because, if the single remedy herein recommended be employed at the proper stage of the disease it will never develope into any virulent form.

A number of years ago some physican—name forgotten—observed that the excretions in yellow fever were highly ammoniacal, and hence he deduced that ammonia in any shape was inadmissible in the treatment of the disease. The observation is an undoubted fact but the deduction is wrong. The body is in some sort a laboratory and its varied products are in great measure the result of chemical action especially when vital processes are perverted. Excess of ammonia in yellow fever as well as in typhus is supposed to be derived from the conversion of urea into that product; but there always remains an excess of urea. It may be possible that ammonia as a normal product in normal quantity is the physiological stimulus of the ganglia, and its excess in the blood and excretions is due to the fact that they have become incapable of being impressed by it. Or perhaps there has been an increased demand for ammonia and the supply being derived from a wrong source and of improper quality is rejected as unfit for the purpose for which it is designed. At all events whatever may be the reason of its excess it must be taken as an evidence of its deficiency in proper amount, and construed as an indication for the administration of ammonia as a remedy.

This is, however, not the only indication for the use of ammonia in this disease. Every symptom demands it in the one form in which ammonia can be administered to obtain its fullest and most potent effect and devoid of harmful action, and that is in the form of the bromide of ammonium. This beautiful white, stable salt, bland and unirritating in its operation is derived from the combination in certain proportions of two fluid substances both volatile and both acrid and pungent. It seems as though specially designed to meet the "unknown element" of the congestive diseases. It is an extraordinary fact in the history of medicine that this remedy has been so long consigned to obscurity; its potent and valuable properties, undiscovered and unknown. When it is assigned its proper rank it will be found to tower above its fellows and will be recognized as one of the Sampsons of the materia medica. This suggests a suspicion that perhaps there may be many other obscure remedies whose virtues and therapeutic action are not correctly understood, and supplies ground for the hope that the medical millenium will yet dawn when there will be found to be a specific remedy for every disease.

The "damask cheek" is the invariable precursory sign of yellow fever and of typhus. It can be recognized at a glance. A short time ago a woman came to this place from a neighboring lumber camp and applied to a physician for medical help; she obtained a prescription and procured some medicine. I accidentally met her on the street and addressed her a few words in the way of greeting. Without asking her any questions, by a glance at her face and from the querulous, atonic tone of her voice I seized the clew to her condition. I knew that the medicine prescribed would not meet her case and that unless she received the right kind of treatment she would become seriously ill. I expressed my convictions to her employer who had brought her to town, and told him just how she felt and that there was but *one* remedy for her disorder. She returned to camp and her employer informed her of my statements. She used the remedies prescribed by the other physician that day without relief. In the evening her employer returned to town and desired me to prescribe for her. I gave the bromide of ammonium. The result was that the woman recovered entirely and the severe attack to which she was liable was warded off.* This is one case out of hundreds of the same nature and might and will yet be the history of thousands and tens of thousands of cases of what would otherwise be yellow fever, when the therapeutic use of this remedy and the true nature of this disease is thoroughly understood. It will be perceived too from this case that the right application of this remedy depends upon a proper appreciation of the condition to which it is applicable. This is the result of a correct comprehension of the signs presented by it, which is to be acquired only by observation and experience. Thus the administration of the remedy becomes an act of judgement, and not, as is usually the case in giving medicine, the perfunctory exercise of a mechanical habit. But if the condition cannot be appreciated at least the methodical use of the remedy can be learned.

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* In extenuation of the seemingly unethical course pursued in relation to this case, I desire to say, that while I strive to regulate my conduct by the spirit, I most heartily damn the letter of the Code.

The sign derived from the peculiar color of the face denotes that the change of the ganglia has already commenced; that depressing agencies have been in operation for some time; that solar heat, fear, care, anxiety and sleeplessness have wrought their effect. This sign furnishes the first indication for treatment. *Obsta principiis* is the art of medicine in a nutshell. Here are the beginnings. Prescribe at once, procure rest for the sleepless patient who has been getting up every morning for a month or more more tired than when retiring. In rest there is recuperation. This is the true preventive. No need to wait until the ganglia are hopelessly depressed, the burning heat of hyperthermy is developed, the miseries of intense congestion have supervened or the tortures and hell of full-formed disease are at hand, either to make a diagnosis or begin treatment. But give the remedy and give it first, last and all the time. Such allies as it needs will suggest themselves.

The part that solar heat plays as a depressing agent or as a factor in causing gangliasthenia is a problem in itself. In the regions where the congestive diseases most prevail the nights are nearly as warm as the days, and the inhabitants sleep, if they sleep at all, with but scanty covering. At best but a few hours of slumber are obtained. The nights are oppressively warm, the atmosphere sultry, and the earth and the houses heated up by the sun's rays render the close air still more stifling. Such nights occur at intervals in temperate regions, three or four in succession and are followed by cooler ones. The languor caused by the sleeplessnes due to the former is dispelled by the grateful and restful coolness of the latter. But increase of temperature is not the sole effect produced by the sun's rays. The electrical and other conditions of the atmosphere are changed and these alterations have also to be considered in their relation to the body as factors in producing depression. Without discussing these, however, at present the relation of the solar heat to the body may be stated thus: The atmosphere heated up by the sun's rays maintains the body nearly at its normal temperature. There is then no necessity for generating caloric within the body while nature is supplying external heat. But the individual, unmindful of the tropical heat enveloping him, consumes almost as much carbonaceous diet as would suffice for the calorification of his body in a temperate climate. Under these circumstances a struggle ensues between the powers of the body to expend the caloric derived from the ingested carbon and the power of nature to maintain the temperature of the body and prevent the expenditure of the body heat engendered within it. The struggle continues for a week or a month and at length the flagging powers of the body succumb, the ganglia become exhausted and disease supervenes. Recovery means restoration of the ganglia, and death results from their softening and disintegration.

I have never seen a case of yellow fever. To me there is no such disease. I read the descriptions in the books of a disease so named. I see the symptoms as they are given by different writers. I witness the post-mortem examinations and note the different pathological changes that have occurred in the body. I place the various specimens under the microscope and carefully study the alterations of minute structure. I have searched through many books in large libraries in pursuit of information on the subject, but everything has a different meaning for me than that set down. I read between the lines and know that the printed words tell a different story. And this is the story which I have endeavored to tell here. The traditions of the profession are demolished by this laying bare the mystery surrounding yellow fever by one who has never seen a case of the disease. Perhaps the doctrine that "not practice but theory" will elucidate disease may yet prevail, and its application may furnish the solution of the many diseases whose nature is now so little understood.

Will their Eminences lend an attentive ear to the voice of one crying out in the wilderness of theories, "Here at last is the truth?" Will they submit to be guided by the light of my penny dip out of the bog of error in which they are floundering ?

We shall see.

Butter.

BY EPHRAIM CUTTER, M. D., NEW YORK, (LATE OF BOSTON).

Butter is mentioned 1898 years before the Christian era. It is then a substance with which the human race ought to be well acquainted, and its physiological and pathological effects on the human economy ought to be well understood by the medical profession. But it is one of those ethical things that are used because others use them, and one does not wish to be acting contrary to the customs of the people among whom he dwells, especially in the matter of foods. But of late public attention has been called to butter in a new direction, namely, that of chemistry and chemical manufacture. It has been found that the consumption of butter is so large that it pays to manufacture an artificial product which affords a larger margin of profit to the makers so that now we find legislatures making laws about oleomargarine, and eminent chemists coming forward and saying that the new product is just as good as natural butter. On the other hand we find microscopists taking the opposite position, that it cannot be the same as it does not have the same morphological elements, and often has been found to contain foreign substances, as tape-worm eggs, and forms of animal life evidently derived from drinking waters.

To the physician butter is a matter of great importance, and as the writer has not seen any decided expressions of opinion from this class of professional men he ventures to write what he thinks might be stated from this standpoint.

Butter is an animal food made from the blood of kine by the wonderful phytochemistry of the protoplasm of the epithelium of the mammary gland. This we call milk. Under the microscope milk just secreted is made of infinite numbers of oil globules of varying sizes, from the almost invisible to some a 1-100th of an inch in diameter. The small ones dance about with molecular movements as if they were endowed with life. These, when separated by rising to the top or by the centrifugal machine, are called cream. When this cream is subjected to churning motions the oil globules are broken up and a mass like puddled iron results. Under the microscope fresh butter appears to have no specific form elements—a homogeneous mass somewhat granular but ill-defined.

We are then obliged to look to the chemist for information as to its nature. According to Cumming, (*American Journal of Medical Sciences*, July, 1858,) cows' milk butter consists of ten oily substances to wit: 1, olein; 2, butyrin; 3, caproin; 4, caprin; 5, myristicin; 6, palmitin; 7, stearin; 8, butin; 9, lecithin; 10, caprylin. In the actual state of chemical knowledge it is impossible to state the precise use of these several oils.

Now to go farther oleomargarine is claimed to be a perfect substitute by chemists for butter. We have understood that it was mainly made from beef tallow, added to other butter sometimes with the stomachs of pigs. (Piper.) Sometimes muscular fibres are found in the oleomargarine. (Piper.) If this is so we fail to see the propriety of the name. The fat acid of the tallow is mainly stearine. Margarine is a fat peculiar to human fat. We don't see why it is claimed for beef fat. So that this butter ought to be called "oleostearine." Taking this nomenclature we have then two elements to compare with ten elements as found in normal butter.

If this is so it is difficult to see how any one can say that the artificial product is as good as the natural. This is more apparent when we consider the substance, "lecithin." This is a phosphorized oil and a peculiar constituent of the nervous system. Gobley found it in the yolk of the egg, hence it is named "lecthin." It has been found in the human blood in the proportion of five ten-thousanths, in the blood of pregnant women ninety ten-thousandths have been found, and in the blood of the umbilical artery, seventy-five ten-thousanths. This lecithin then is nerve food par excellence. It is used for nerve growth and activity. An infant three months old receives about forty-six grains daily. (Cumming, *loco citato*.)

Perhaps this explains why children are so eager for butter. It does not justify the position of those who deny butter to children, sometimes paying them to abstain on the ground that it produces "humors." This is a popular impression. In my opinion it was fathered by the father of lies. I have been in the habit of encouraging the free use of butter by children. In my own family the child that used the most butter would eat one-fourth of a pound at a meal. There never was any so-called "humor" developed, nor have I come across such cases. It has been said that the oleomargarine cannot be detected by the senses of taste, smell, or sight; hence it must be just as good as the natural product. No doubt many look only to the gratification of the senses of taste, smell, and sight in eating butter, and history shows that mankind in civilized countries, judge food from the standard of sense. This is most remarkably seen in the use of flour. Customs say that flour bread to be good must be white, light and sweet. To meet this standard the gluten cells, the nerve food have to go. But is a question whether we have a right to select butter and flour from the æsthetic standards alone and entirely ignore the chemical, botanical, physiological and pathological standpoints of view. It seems to be wisdom to get all the evidence as to butter and flour from every rational standpoint, and then base our judgment of them as foods on the combined evidence, not leaving out the æsthetics.

If our butter is to be made from oil and tallow simply because it can be the means of making money for the manufacturers, and because the artificial product can deceive the taste, touch and smell of the most experienced, it is time for physicians, at least, to stop and consider the object of food which is to furnish us with healthy bodies and bones, muscles, nerves, blood vessels, with force to run them so that soul and spirit surrounded with a glorious hale body may enjoy its existence as our Creator intended we should.

To conclude, butter is good nerve-food. Oleomargarine honestly made may not be unhealthy, but it cannot, in our opinion, for the reasons given, take the place of the normal products of the protoplasm of the mammary gland. If it does why would it not be cheaper for families to spread tallow on their bread than to almost throw it away on the scavenger, perhaps to be manufactured over into oleostearine?

246 West 44th Street, May, 1881.

A Ready Method of Preparing Fomentations.

BY W. J. FAIRFIELD, M. D., CHICAGO.

The most simple way that I have found for preparing fomentation cloths is as follows: Take your flannel folded to the required thickness and size, dampened quite perceptibly with water, but not enough to drip, and place it between the folds of a large newspaper, having the edges of the paper lap well over the cloth so as to give no vent for steam. As it is now prepared lay it on the heated surface of the stove or register, and in a moment steam is generated from the under surface, and has permeated the whole cloth sufficiently to heat it the required temperature.

This method I was led to devise from necessity a few years ago, when in a sick room with no facility for heating water except in a quart cup. I have had occasion to use this way, and to instruct nurses to many times since, and I have always found in it a ready method which may be carried out in any sick room where there is a stove or register.

Never having seen any mention made of this, is my apology for now calling attention to it.

Selections.

Simple Methods to Staunch Accidental Hemorrhage.—At first sight it seems almost superfluous to write or say a word about any method of arresting hemorrhage from wounds; for the practitioner, as a rule, is well acquainted with all the different manipulations and appliances for the purpose, and enough may be obtained from the text books. Nevertheless, to call attention to some useful, or old, or apparently forgotten matter occasionally, seems not to be amiss, for it refreshes our memory, stimulates us to think about and keeps before our eyes important subjects. A few hints on the above, I hope, will therefore be well received.

The treatment of hemorrhage viz., the arresting of the same from open wounds, is not only important to the surgeon as the basis of surgery, but it is also of great importance to the laity, and especially to those workmen who are perpetually in danger of being injured. It is astonishing how unknowing the people seem to be, with any method to check bleeding from a wound temporarily; even the most simple method of pressure, is in the majority of such accidents, not restored to. The sight of a little blood, does not alone upset a timid, nervous woman, but many times the strongest of men; and why? because it naturally creates a feeling of awe, and detestation. If a person is wounded by a machine, or otherwise, a crowd of all his fellow workmen gather around him, and look on the poor fellow bleeding, half a dozen or more will start out on a run in different directions to hunt a doctor, or some old woman who has a reputation for stopping bleeding by sympathy, either of whom they are likely to find "not at home." In the mean time the vital fluid trickles away, nobody knows what to do, everybody does something, but none the right thing. Now it is true, it does not often happen that any one bleeds to death, wise mother of nature, as a rule, coming to their assistance, especially in lacerated wounds, but the anæmic condition produced by excessive loss of blood is followed by severe consequences, and is to be dreaded, for it retards recovery. To save all the blood possible ought to be apprehended as an important matter, by every one.

Hardly a week passes that some unfortunate is not brought to my office, who has been badly injured in some way, he has been bleeding, perhaps, the distance of several blocks, and arrives almost faint. In the most of such cases they have something tied around their wounds, but hardly ever in any manner so as to be equal to stop the bleeding. In exceptional cases you find a tourniquet or the spanish windlass applied. This, when applied by a surgeon, may answer very well, but when applied by a non-professional person it is invariably screwed up so tight that the pain produced thereby is so great and intolerable that the patient prefers rather to bleed to death. This is a great objection.

Therefore I will call attention to the method of forcible flexion; and though extreme flexion has been practiced by surgeons in isolated cases, still to Prof. Adelman, of Dorpat, is due the credit of first having systematized the following method:

BLEEDING FROM THE UPPER ARM. (ART: BRACHIALIS.)

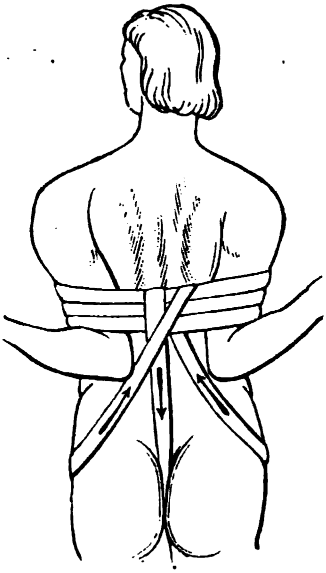

FIG. 1.

Bring the elbows of the patient as near as possible together upon the back, and fasten them with a bandage. From this point let a doppelt bandage pass down to and over the perineum; separate the bandages again in front, let one end run over the left, the other over the right groin back again to the elbows: see Fig. 1.

The illustration will explain at a glance.

BLEEDING FROM THE ARTERIES IN THE UPPER THIRD OF THE ARM.

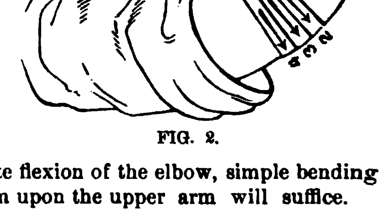

FIG. 2.

Acute flexion of the elbow, simple bending of the forearm upon the upper arm will suffice. But if there is bleeding from the arteries near the joint of the hand or from any part of the hand, then the hand must also be brought into flexion, and secured by a bandage; see Fig. 2. The bandage must always be wrapped around the wound first.

BLEEDING FROM THE THIGH. ART. FEMORALIS.

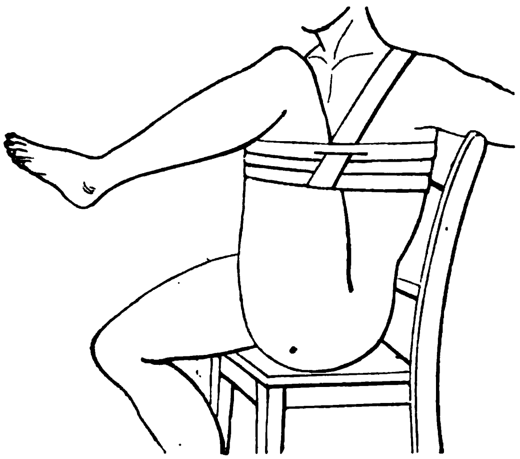

FIG. 3.

It needs no other explanation, as Fig. 3 shows the mode of stopping the hemorrhage from that region temporarily.

Bleeding from the front part of the leg. (Art: Tibialis ant.) same as Fig. 3.

Bleeding from the posterior part of the leg (*Art: Tibialis Post. et Peronea*) same as above with the addition of a tampon or compress under the knee joint or like Fig. 4.

BLEEDING FROM THE FOOT.

(*Art. Plantaris et dorsalis pedis.*

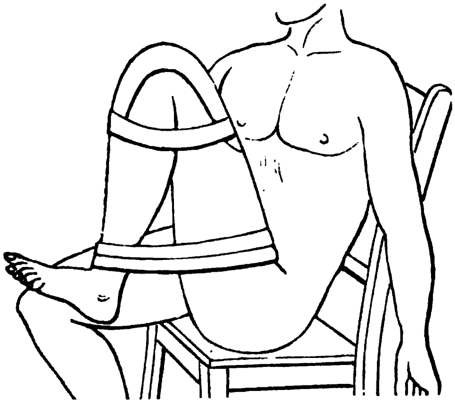

FIG. 4.

Flexion of the leg upon the thigh, and flexion of the foot upon the front of the tibia.

Objections might also be raised to the above method on account of the pain which it may produce; but the flexion never needs to be so forced as to be unendurable to the patient; the position may be a little uncomfortable to a very sensitive person, that is all. Furthermore it has been proven, that a limb can be kept in a flexed position for several days, "nine by some authors," without any injury, and with a complete closure of the arteries. We do not expect, however, that this method of arresting hemorrhage will ever be adopted as "*the*" method in surgery, neither will it be necessary here to point out any cases where the practitioner can have, and under certain circumstances be obliged to have to restore to this simple method. Military surgeons may also profit by it, for it is certainly a valuable and admirable mode, and so easily applied in cases of emergency by anyone, if the unfortunate should be distant from surgical aid. I also believe, that it would be advisable and certainly humane, to instruct the people in general, by popular lectures, or through the press, in the manner of stopping hemorrhage temporarily.

The simplest of all methods, however, to arrest hemorrhage is the Rubber Bandage. It has displaced in surgery the old tourniquet almost completely, which required a certain skill and anatomical knowledge to apply it; not necessarily so with the rubber bandage; anyone can apply it, for the amount of pressure needed to arrest the hemorrhage from a wound suggests itself. The rubber bandage produces but little pain, the patient is comparatively comfortable and out of immediate danger and anxiety, while in the meantime the proper attention can be secured.

I think it would be well if our health officers would direct their attention a little to the accidental hemorrhages, if they do not possess the power, to refer the matter to the proper tribunal to enact a law that would compel all owners and corporations of factories, saw, plaining, and rolling mills, and in fact, every establishment where the laborers are constantly in danger of accidents, to keep on hand a certain number of strong rubber bandages, according to the number of men employed, and that at least several of the men, if not all in every establishment of that kind, be instructed in the application of the bandage; steamboats and other vessels should carry a supply, and railroad companies should be obliged to furnish all watchmen along their respective roads, with rubber bandages, and see that the men know how to use them in case an accident should occur; every train that goes out should have some bandages on board in care of some employé, who knows how to handle them when needed. Many pounds of precious blood may thus be saved, and danger to life from thus cause be averted.—Edw. Borck, M. D., in *The Indiana Medical Reporter*.

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RULES FOR INTRODUCING THE UTERINE SOUND.—Cameron gives these judicious directions in the Glasgow *Medical Journal:*—

It may seem unnecessary that we should here repeat the warning, never to pass the sound where there is any reason to suspect pregnancy, as then you incur the serious responsibility of procuring abortion; but the too frequent mistake of overlooking such a condition demands the repetition of this caution. The utmost care should be taken in the introduction of this instrument, because without this you may perforate the tissue, perhaps already softened, or set up peritonitis. Malignant disease of the cervix or fundus excludes its use, as also acute inflammation of the uterus or its appendages. It has been recommended in special cases; but it is better to avoid any examination during menstruation, and in no case should the sound be passed without previously having made a careful bimanual examination.

To introduce the uterine sound, place the patient as in passing the speculum, and pass two fingers of the right hand, viz., the index and middle, up to the cervix, with the knuckles toward the pubes, and in the groove formed by the fingers glide the instrument long, keeping the concave surface directed backward. Never forget to have the sound warmed previous to its introduction. If the passage is straight, as in females who have never had children, the index finger will be sufficient to guide the sound. If the os is directed downward and forward, the instrument is passed into the cavity without rotating the handle; if the os is, however, directed downward and backward, the instrument is only allowed to enter the external os, and then the handle is turned so that the point of the sound may be directed upward.

If there be any difficulty in making the instrument enter, this is often overcome by slipping the point of the instrument from the finger tip into the os.

We noticed previously that the instrument usually passes into the uterine cavity for two and a half inches, as indicated by the nodule upon the convex edge of the sound. To measure the distance it has passed, place the finger point firmly upon the portion at the os, and keeping it there, withdraw the instrument, when you can at a glance observe by the engraved figures how far the sound has passed. With sufficient care, we can usually succeed in passing the sound into the healthy womb; but the most experienced finds it often exceedingly difficult to introduce it in certain affections of this organ.

In the various flexions and versions, also neoplasms projecting into the cavity, we find much to oppose our attempts to pass the sound. In some cases you will even fail, and it is only by the greatest patience that success may reward your efforts. Generally its introduction is free from bleeding, and if traces of blood are seen, it is usually the result of congestion, cancer, fibroids, or polypi. Force should never be used,as you will simply expose your patient to much danger. To lay down special rules were vain, for experience must guide you in each case. Every instrument should have a mark upon the flat surface of the handle, so that the operator may have no difficulty in seeing at once how the instrument is situated. In replacing the displaced organ, say in displacement backward, the movement is effected by a rotation of the handle through half circle, so that the portion acting within the uterus may rotate in the smallest degree. A simple twisting of the handle is apt to give pain, and may cause injury. In conclusion, the uterine sound, as before stated, should never be used without previously making a careful examination. So much is this overlooked that a very eminent obstetrician proposes to have a uterine sound made, having for its handle a small representation of a fœtus, which may be the means of causing the operator to pause before using the instrument.—*Med. and Surg. Reporter.*

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The Introduction of Food through the Nose.—M. Fernet advocates feeding patients through the nostrils when from any cause it is impossible to do so through the mouth. The method is a very simple one. The patient lies on his back, his chest and head slightly raised by pillows, and the food or medicine is very slowly poured into one of the nostrils, it flows easily on the plane formed by the floor of the nose and the superior surface of the wall of the palate and in that way comes directly to the pharynx, where it causes movements of swallowing. If this little manœuvre is well and skillfully done there need be nothing disagreeable about it. This method of administration takes no more time and offers no more difficuities than when the food is taken in the usual way. If the fluid be poured in in too great quantities at a time, or if the sensitiveness of the pharynx be so far blunted that reflex movements of deglutition are not excited, then a few drops may find their way into the larynx and cause paroxysms of coughing. But this inconvenience rarely occurs when the food is administered slowly and gently and rarely offers serious obstacle to the method.—*Revue de Therapeutique, The Cincinnati Lancet and Clinic.*

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The use of Electricity in Labor.—M. Apostili in *Gazette des Hopitaux* from a total of 500 electrizations of the uterus derives the following conclusions:

1st. That faradization of the uterus is entirely harmless.

2nd. Fradization is a uterine sedative.

3rd. Faradization abridges considerably the convalescence and accelerates the involution and retraction of the uterus. That it also hastens the restoration and promotes regularity of function.

4th. Faradization guards the woman from the uterine complications of labor.

5th. That faradization is the correct preventive treatment of uterine mal positions.

6th. The action of faradization on the uterus is similar to that of ergot only its action is more prompt and more energetic.

In conclusion it is a marvelous therapeutic agent in obstetrics, simple in application, rapid and energetic in action, perfectly harmless and can be interrupted or renewed at will.

It not only restores the uterus to the normal condition but its use prevent further uterine complications.

THE DIFFERENTIAL DIAGNOSIS OF FRACTURES AND DISLOCATIONS OF THE FEMUR AT THE HIP-JOINT.

	INTRA-CAPSULAR FRACTURE.	EXTRA CAPSULAR FRACTURE.	ILIAC DISLOCATION.	SCIATIC DISLOCATION.	PUBIC DISLOCATION.	THYROID DISLOCATION.
I. Age.	Most apt to occur in advanced life, after 55 years.	May occur at any period of life.	Adult life.	Adult life.	Adult life.	Adult life.
II. Cause.	Usually result of *slight* cause.	Usually caused by *direct* and *severe* violence.	Always produced by *severe* violence.	Produced by *severe* violence.	Produced by *severe* violence.	Produced by *severe* violence.
III. Condition of Limb.	*Shortening;* at first is *slight*, but apt to *increase* to 2 to 2½ inches. Is readily *effaced*, by extension and counter-extension, but *recurs* the moment the force is discontinued.	Great *shortening* at first, and continues about 1½ to 2 inches. May be *effaced*, but *returns* upon discontinuance of force.	*Shortening* 1½ to 2¼ inches. *Only effaced* by reduction. Does *not then return.*	*Shortening* ½ to 1 inch. *Only effaced* by reduction. Does *not then return.*	*Shortening* ¾ to 1 inch. Only effaced by reduction. Does *not return.*	*Lengthening* 1½ to 2½ inches.
IV. Crepitation.	Crepitation indistinct.	Crepitation very distinct.	No crepitation.	No crepitation.	No crepitation.	No crepitation.
V. Mobility.	Preternatural mobility.	Preternatural mobility.	Immobility. Limb in a fixed and constrained position.	Immobility. Limb in a fixed and constrained position.	Immobility. Limb in a fixed and constrained position.	Immobility. Limb in a fixed and constrained position.
VI. Position of Knee.	Everted.	Everted.	Overlaps its fellow.	Inverted.	Everted.	Stands out and away from its fellow.
VII. Position of Foot.	Strongly everted.	Everted.	Inverted big toe pointing toward opposite tarsus.	Foot inverted, big toe pointing towards great toe of opposite side.	Everted.	Straight.
VIII. Position of Great Trochanter.	Moves freely with leg, as it were, on a pivot.	Preternatural mobility.	Higher than normal.	Higher and further back than normal.	Higher and nearer median line in front.	Lower than normal.
IX. Position of Gluteo-Femoral Crease.	Nearly normal.	Higher than normal.	Higher.	Higher.	Higher.	Lower.
X. Position of Head of Femur.	Cannot be distinguished except in very thin persons.	Cannot be felt.	Can be distinctly felt on dorsal surface of ilium.	Is buried in sciatic foramen; cannot always be felt.	Easily felt over pubes.	Is in thyroid foramen. Can sometimes be felt.
XI. Vacuity.	No vacuity over acetabulum.	No vacuity.	Vacuity.	Vacuity.	Vacuity.	Vacuity.

TABULATED BY H. AUGUSTUS WILSON, M. D., *Annals Anat. and Surg.*

Resorcin.—The increasing use of antiseptics in surgery within the last few years has brought to the notice of physicians many compounds, new and old, possessing the property of destroying the different plants concerned in the putrefactive changes, and consequently stopping or preventing those processes; and as none of these in use are perfect and free from disadvantages others will still be offered. Carbolic acid, the oldest, of course stands first, and is in universal demand. Its disadvantages are its odor, which is offensive to many, its occasionally irritating character, and its serious poisonous effects when absorbed. Thymol is occasionally used, and is very good. Menthol and many others are equally reliable, but no better than thymol. Dr. Justus Ander, of Wurtzburg, has just written a pamphlet upon resorcin, as applied to medical uses, the recent number of *New Remedies* containing a long abstract of it. It is a colourless, crystaline substance, of a sweetish and harsh taste, soluble in something more than its own weight of water, and also soluble in ether and alcohol. It was first obtained in 1864, by fusing galbanum resin with potash, the result being about six per cent. It has since been made from other resins and in other ways. He found that a one per cent. solution prevented the decomposition of urine for months, and also destroyed the organic causes of putrefaction; it preserved pancreas and blood perfectly, retaining even their natural odors. Wounds treated by it healed by first intention, and those poisoned by septic material yielded to it as completely as to carbolic acid. Applied dry to the skin it is not absorbed, and is not irritating; hypodermically a two per cent. solution may produce painful cramps and twitchings, but never abscess. On the moist lips it will raise a white blister. Used with the atomizer it is entirely unirritating to either eyes or lungs, and nearly free from odor. Applied to granulations the crystals are a painless and mild caustic. He also recommends its internal use in diphtheria and other diseases, and as injections in leucorrhœa, etc. The dose is one gram to two in water, syrups, glycerine, etc.

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An Exhilarating Mixture.—M. Luton discovered by accident the effects of the following exhilarating mixture: Tincture of ergot of rye, five grammes (gr. 75); solution of phosphate of sodium (10 per cent.), 15 grammes (℥ ss). Mix in a quarter of a glass of sweetened water, and give at one dose on an empty stomach. In very susceptible excitable people, a condition is produced resembling that following the inhalation of nitrous-oxide gas; they laugh excessively, feel slight dizziness on attemptinn to walk; and in many ways suggests alcoholic intoxication. In those who are more sedate and imperturbable, a condition of mild exhilaration merely is induced; the cutaneous circulation is improved, a feeling of buoyancy and cheerfulness develops itself, and lasts for several hours, the patients being agreeably conscious of mental and physical stimulation. The author has verified these observations in so many cases that they must be considered established. He has found different individuals equally susceptible, but has been able to assure himself that there is always some effect. As might be expected, men are less affected than women; in no case has any unpleasant result been observed. The author feels himself justified in recommending his discovery to the profession, although compelled to do so on a purely empirical basis, having arrived at no satisfactory explanation of the action of the mixture. He especially advised its use in cases of melancholia, hysteria, chlorosis, and the various conditions in which languor and depression of spirits are present. The patients to whom he has given it were sufficiently convinced of the efficacy of his prescription to ask for its repetition, assuring him of the benefit they derived from its use.—*N. Y. Med. Jour.*

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Formulary.

TO DESTROY THE ODOR OF FOUL BREATH—THE SMELL OF THE AXILLA AND THE FETOR OF THE SWEAT OF THE FEET.

℞	Potass. permanganat	gr. vj
	Aquæ	℥ vj.

Sig.—Apply frequently.

It is a fact too little appreciated by physicians that success in practice often depends more on attending to some such trivial affection as the above than on the successful management of a complicated medical or surgical case.

PRURITUS VULVÆ.

℞	Sodii hyposulphitis	ʒ jv
	Glycerinæ	ʒ ij
	Aquæ destilat	ad ℥ vj.

Fox.

M. Sig.—As lotion.

This simple combination has proved verv effective in that troublesome and annoying malady, pruritus vulvæ, and also in tinea versicolor.—*The Medical Gazette.*

SOOTHING OINTMENT.

Dr. McCall Anderson gives the following as the most valuable application for inflamed surfaces that he has ever tried:

℞	Bismuth oxyd	25.0
	Acid oleici	200.0
	Ceræ alb.	75.0
	Vaselini	225.0
	Ol. rosæ	0.25

—*The Specialist.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, JULY 11, 1881. No. 13

Editorial.

The Wounded Chief.

The painful shock of the first news of the dastard attack on the President's life kept professional interest in the precise nature of the wound somewhat in abeyance. It was, moreover, scarcely to be expected in the consternation of the occasion, indignation at the foul deed and acute sympathy with the victim, that any other description than such a one as would temporarily satisfy an excited people, would be contained in semi-officinal despatches or displayed on official bulletins at the White House. After the lapse of a day or two, however, the excuse of consternation and excitement was no longer tenable. At the end of this time the cool-headed surgeons in attendance should have become sufficiently collected to permit at least of such a description of the wound as should satisfy their professional brethren throughout the country, and of a review of their hastily expressed opinions as to the prognosis of the case. The failure of these gentlemen to enlighten the profession has done much to intensify the general anxiety and suspense. This disregard of an implied obligation has been all the more exasperating as it has become more and more probable that the country is to be agreeably disappointed in the President's ultimate recovery. The progress of the case thus far is greatly at variance with opinions based on the attending surgeons' indefinite description of the wound united with their gloomy prognostications. The turn of events has certainly given room for the suspicion of an inaccurate original diagnosis, which it has been sought to "hedge" by subsequent indefinite opinions, and this suspicion is not removed by the remarks of consulting surgeon Frank H. Hamilton, dictated to a reporter after his return to New York.

The first report was that the President had been twice shot, one ball entering his arm and the other penetrating between the third and fourth ribs. Next came the report from the attending surgeons that the ball had entered the right kidney. In due time, however, the President urinated without sign of blood, and it was then decided that the ball had entered the liver, had probably penetrated it and was lodged in some portion of the abdominal cavity. A sufficient time has elapsed without the occurrence of symptoms almost inevitably following such a grave lesion, to justify the belief that here too the diagnosticians were at fault. What reasons have we for believing that the liver was not even "scratched," to use this graphic word attributed to Dr. Bliss? First there has been no appearance of bile issuing from the opening. It is the rule for bile to exude shortly after wounds of the liver. Again there has been no such jaundice as would be looked for in a wound of such a nature; true there has been jaundice but it has not been more marked than that which would naturally follow the continued hypodermic doses of morphia which have been administered. Had the liver been wounded by a ball of 44-calibre the bile and blood which would have been discharged into the peritoneal cavity, combined with the traumatic injury to the membrane itself must, in the very nature of things have occasioned peritonitis with its concomittant symptoms of tympanites, elevated temperature, and rapid respiration. The tympanites has at no time been greater than that which would physiologically follow the morphia, and the temperature has never exceeded 101.9° F., and it only remained at this point for a few hours; the respirations have at no time been more frequent than twenty-four per minute. While twenty-five of the fifty-three uncomplicated gun-shot wounds of the liver, recorded in the "Medical and Surgical History of the Rebellion," recovered, in no case were the symptoms thus mild.

The theory that the liver was not injured is certainly not rendered less tenable by the superficial examination made immediately after the injury, at which time, it seems to us, a more extended examination might have been prosecuted without detriment to the distinguished patient. Acting on the assumption that the ball had entered the peritoneal cavity, Dr. Bliss deemed exploration unwise and unjustifiable. He merely introduced his little finger into the wound, and this going in to its full length he assumed that the missile had entered the cavity, and desisted from further exploration. When it is remembered that Mr. Garfield is a somewhat obese gentleman, weighing upwards of 220 pounds, the worthlessness of such an examination must at once be apparent. An ordinary person of this weight has a thickness of integument, adipose and muscle in this location (three inches from the mesial line of the spine) which it would tax the little finger to fathom. While agreeing with the surgeons in their determination not to introduce either finger or probe into the peritoneal cavity, we cannot but think they were derelict in not incising the superimposed tissues to a sufficient extent to enable them to satisfy themselves that the peritoneum had actually been invaded. There is not sufficient testimony to justify the theory of such invasion, and the force of Dr. Frank H. Hamilton's opinion, given after his return to New York, is gaining strength day by day: "Ordinarily grave inflammatory symptoms are manifested by the third day, and I cannot but hope that, despite the testimony of the intelligent medical men in charge from the first, and who made an examination by finger and probe of the direction and extent of the wound, that the ball has not seriously injured any vital internal organ. This, however, is but a hope based upon the fallibility of the best human testimony and the comparative mildness of the symptoms at the present moment."

If the ball did not enter the peritoneal cavity where is it? This can, of course, only be as yet conjectured. The calibre of the pistol was large and the range only about six feet. A pistol of that size would enter the abdomen at thirty yards range. If, therefore, the bullet had struck the President at a right angle to his body it is fair to presume that it would have passed through his body. The fact that it did not thus pass through is presumptive evidence that it entered at an angle. Striking at this angle and passing through at least two inches of integument, adipose and muscle, and then striking the resilient 10th rib, is it unreasonable to believe that it was deflected and now lies imbedded in the deep muscles of the back?

But how is the tingling of the feet to be accounted for on either of the hypotheses. By the shock communicated through the superjacent tissue. The tingling could have been produced only through the involvement of the nerves which enter into the formation of the sacral and lumbar plexuses. These nerves could only be reached by the bullet after it had passed completely through the liver. This tingling has passed off and there is no paralysis, which is strong presumptive evidence that the bullet has not injured the nerves.

The treatment of the wound is purely expectant as far as ascertained. We presume, although the dispatches are silent on the point, that cold water compresses are being constantly applied. Morphia in quarter grain doses have been given every eight hours, both for its anodyne and antiphlogistic properties—for the latter purpose doubtless because of the belief that the peritoneum has been wounded.

We have no criticisms of the treatment to offer but think that we but voice the sentiment of the profession when we say that it would inspired greater confidence as to the final outcome had Drs. Frank Hamilton and Agnew, the consulting surgeons, been retained in charge of the case and two or more of the number in attendance retired. Dr. Bliss's cundurango record has sufficiently impaired confidence in his ability and honesty to make it desirable that he should at least not hold the leading position in the corps of attendants. Surgeon-General Barnes and Dr. Woodward, both estimable men, and erudite surgeons have had no experience since the war, their time being given to literary rather than practical medical surgical work during the past sixteen years. Of Dr. Reyburn we know nothing further than that he has not developed a sufficient reputation to make his name familiar to even the local profession of Washington. It was a supremely wise thing for the attending surgeons to do to call in Dr. Frank Hamilton and Dr. Agnew; more eminent surgeons, or surgeons of more reliable judgment this age does not afford, and the satisfaction experienced at the calling of these two in consultation could only have been increased by their remaining in attendance until the danger is unmistakably past.

The outcome of the case is of course rendered problematical by the uncertainty and unreliability of the diagnosis, but we are strong in our individual conviction that the fervent prayers of his millions of constituents will be answered, and that the President, doubly endeared to the people by sufferings which are at least an indirect outcome of his devotion to principle, will be fully restored to watch over the interests of a people among whom many feelings of sectionalism and animosity will have been permanently merged in the common denunciation of the dastard blow at his life and constitutional liberty.

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The Medical Profession and the Temperance Cause.

The disciples of temperance (or more properly of total abstinence) in the use of alcohol are nothing if they are not zealous. Instant in season and out of season they press their cause whose interests, it is to be feared, have suffered from the fact that their importunity is not at all times seasoned with good judgment. We do not desire here to give our opinion on this great question of the use of alcohol in its relations to the public, further than to say that man has certain inalienable rights, in the exercise of which there should be no interference as long as these do not trench on the rights of others or are exercised to his own bodily injury. Man as a member of society or of the body politic, is under certain obligations to it, and one of these is that he should preserve the well being of his own individual body. The extent to which he may indulge in alcoholic beverages without violating this obligation is a question which does not come within our province to discuss under this head.

We have to do now solely with our relation, in the capacity of a practitioner of medicine, to alcohol as a medicinal agent. The extremists (in the profession and out of it) deny it all therapeutic virtue and the Woman's Christian Temperance Union of this city, with a view to placing the profession of this State on record in this matter, presented to the State Medical Society at its meeting last year certain categorical questions. These questions were referred to a committee, of which Dr. G. W. Topping was chairman, with instructions to prepare answers against the meeting this year. This committee made its report at the meeting at Bay City on the 9th ult.

The report so fully and fairly replies to the questions that we reproduce it here in its entirety, with our full commendation:

"The communication of these distinguished ladies propounded four interrogations and concluded with a statement and appeal to this society.

"To make this reply intelligible without the necessity of referring back to them in the last year's transactions of this society, I will briefly summarize this communication.

"Question No. 1 asks, 'Is the use of alcoholic liquors an absolute necessity in the practice of medicine?'

"Question No. 2 asks, 'Does their use as a medicine so much endanger their use as a beverage as to demand from physicians utmost care in their use?'

"Question No. 4 asks, 'If the use of beer as a tonic either in sickness or health is a necessity?'

"The ladies close with an appeal to the profession to protect them from the free and sometimes reckless prescription of alcoholic liquors, also to make 'such an expression on this subject as shall influence the medical faculty to exercise such care in the use of this terrible agent of evil, as may arrest such deplorable consequences.'

"Before attempting any reply to the above interrogations we desire to express our convictions that it is not possible for your committee to make such an expression upon the use of alcoholic liquors in the practice of medicine as shall generally influence the members of the medical profession in their use, farther than the views expressed may happen to coincide with those of the individual members.

"To the first question we answer that we do not claim that alcoholic liquors, or indeed any other agent is an "absolute necessity in the practice of medicine," but we do claim that it is an agent of power, when properly used much benefit may be derived from it, and its place as a medicinal and chemical agent it would be difficult to supply.

"To the second question we reply, there is doubtless some danger that a taste for alcoholic beverages may be awakened by their use as a medicine, though the danger is by no means so great as is frequently claimed. The circumstances under which they are most frequently prescribed by physicians are not those most likely to result in the formation of a habit or appetite. Alcoholic medicines are not the only ones whose use may possibly result in the formation of a habit or taste. Yet when there is a strong probability of our patients being benefited or perhaps supported through a trying and critical emergency by the use of such agents, we do not feel at liberty to refuse their aid.

"To the third question we reply 'yes' emphatically. No careful and conscientious physician will order alcoholic medicines for his patient without considering the possibility of a taste therefor. being engendered by their use.

"To the fourth question we reply that we do not consider that the use of beer as a tonic is a necessity, but it may sometimes be preferable to any other alcoholic remedy, and there is good reason for believing that intemperance is less likely to result from its use than from distilled liquors.

"In response to the appeal we would say we are not insensible to our duties to the wives and mothers of the land, nor to the general public who intrust their physical organisms and in some degree their mental and moral welfare in our hands, and earnestly hope that no regular physician will ever be justly chargeable with "reckless prescription of alcoholic liquors" yet we would not so far forget our duty to our patients as to refrain from giving them the remedies believed by us to be the best suited to remove their infirmities, even though it should result in the use of alcoholic remedies. 'To eat no meat or drink no wine, lest it cause a brother to offend" may be a good Christian precept, but we very much doubt if any conscientious physician can withhold wine from a patient who would clearly be benefited by the use, lest perchance some reckless mortal should misuse and misapply the wine, and thereby convert it into an evil."

A discussion as to what should be done with the paper followed. It was decided to accept the report, have it published and sent to the President and Secretary of the W. C. T. U.

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The East Wind.

It is a remarkable fact that many of the accepted facts of science are nothing more than an amplification, or a definite arrangement of crude ideas or beliefs which had long existed in the popular mind. Clad in scientific garb they are much more intelligible, and, therefore, more credible, than when enveloped in rustic homespun. So true is it that many of the great facts of science have developed from humble lay origin that thinking men have come to regard with consideration even popular superstitions, holding them to contain a certain modicum of truth. Science, one of the fundamental doctrines of which is either to reject or refuse to accept that which it cannot demonstrate, has nevertheless learned that the imponderable agencies are the most mighty, and and some of its devotees have even been led to admit that there may be potent influences at work which the wisdom of man has thus far failed to detect and formulate. "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy."

The influence of the direction of the wind on the health of men has been recognized time out of mind by the people, although it has not been recognized, if, indeed, it has not been actually scouted by the profession. An east wind, although it cannot be demonstrated to differ either in the quality or quantity of its constituents, from that coming from other quarters, has nevertheless a malign influence. The fact that we cannot account for this influence does not argue its non-existence. It was very clearly manifested in the case of the late Earl of Beaconsfield,—that remarkable case of that remarkable man which brought out so many remarkable features both in medicine and in ethics. The noble earl's condition oscillated with the weather-cock. When the wind veered from the east and northeast into the west the aged senator picked up: when the wind went round to the east again, he drooped. The temperature of the room might be maintained artificially, the air might be kept moist by bronchitis kettles, but nevertheless the nor'-easter made itself felt. The keen nipping wind found an entrance in spite of everything that acute human intellect could devise, "and," in the words of the London correspondent of the *Medical Times*, "the venerable Oriental sank under the east wind at last."

How it is that the east wind is thus baneful is as yet a mystery. The fact is thus far due to causes merely conjectured. The correspondent alluded to has a theory which accounts for the disturbance to the general condition by regarding it as secondary to the primary disturbances of the liver. How it is that the east wind affects the liver of a person on whom not even a zephyr is allowed to blow, he does not attempt to explain. It is one of those facts which are inexplicable in direct ratio to their absoluteness, and the best we can do is to accept it in spite of its inexplicability, science, so called, to the contrary notwithstanding.

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The extreme heat of the past two weeks has caused a very large increase in the mortality of this city, it being particularly noticeable among infants—"second summer" children. In spite of the efforts of the profession individually and in their collective capacity of boards of health, the public refuse to recognize the facts which lay at the bottom of this large exhibit of preventable disease. It is true the delicate nervous organization of the child is very susceptible to the depressing effect of extreme solar heat, and in spite of the strictest observance of hygienic and dietetic rules there will be an increased death rate among children at this season. The fact, however, remains that the large proportion of deaths is notoriously due to causes which are entirely removable. But the indifference of the public in these matters to gratuitous professional advice, is but another evidence of inherent stupidity and bigotry. The secular prints which regard medical legislation as an infringement of human rights, will, in order to be consistent, spurn all gratuitous professional advice at this season, and maintain that it is an inalienable right vested in parents to care for their children just as they see fit. These are the demagogical sheets which affect to suspect that all gratuitous advice from the profession is given with an ulterior motive.

Miscellany.

THE APOTHECARY'S PRAYER.—One of the objects of interest at the recent meeting in Richmond, and which was a source of considerable amusement and banter, was a reprint of an old engraving representing a cadaverous pharmacist kneeling before a chair and offering up the following supplication:

"O mighty Æsculapius! hear a poor little man overwhelmed with misfortunes; grant, I beseech thee, to send a few small fevers and some obstinate catarrhs amongst us, or thy humble supplicant must shut up shop. And if it should please thee to throw in a few cramps and agues it would greatly help thy miserable servant; for, on the word of an apothecary, I have scarcely heard the music of a mortar this two months.

"Take notice also, I beseech thee, of the mournful condition of my neighbor Crape, the undertaker, who suffers considerably by my want of practice, and loses many a job of my cutting out: enable him to bear his misfortunes with philosophy, and to look forward with new hope for the tolling of the bell.

"Physic those, I beseech thee, that will not encourage our profession, and blister their evil intentions, viz: such as their cursed newly-invented water-proof; and may all the coats be eaten by the rats that are so made. But pour down the balm of Gilead on the overseers of the village, and all the friends of Galen.

"May it please thee to look over my book of bad debts with an eye of compassion, and increase my neighbors' infirmities; give additional twinges to the rector's gout and our worthy curate's rheumatism; but above all I beseech thee to take under thy especial care the lady of Squire Handy, for should the child prove an heir, and thy humble servant so fortunate as to bring the young gentleman handsomely into the world, it may be the means of raising me to the highest pinnacle of fortune."

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A NOVEL FEMALE CATHETER.—Dr. S. C. Van Antwerp, of Vicksburg, Mich, writes:

"While talking with Dr. Barnum, of Schoolcraft, the other day he gave me a little of his experience, which was certainly amusing and not without interest in a practical way.

He was called one hot summer day to see a patient four miles in the country who wished his immediate attention, but he did not learn the trouble. On arriving at the house he found that his patient was a lady who had been suffering for twenty-four hours from retention of urine. She begged of him to relieve her distress at once. Most unfortunately he did not have a catheter with him, and it would take quite a while to send for one. What he should improvise for one was a question. He thought of a goose quill or piece of elder, but neither were to be had. He then thought of burning a hole through a piece of wood with a knitting-needle, but that did not work. Lastly he thought of a bent wire. And the woman in her anxiety threw the covering aside and told him not to stand on ceremony but give her relief. Pressing the bent end forward carefully, before he expected a gush of urine struck him in the face and trickled down his well laundried summer wear, and the transition from extreme anxiety of the woman and her friends to a most ludicrous scene was the signal for a general laugh at the doctor's expense."

Haec fabula docet, either always carry a catheter or be prepared to improvise something therefrom.

While on this subject I am reminded of a suggestion made by a medical friend, which is to use a gum elastic catheter in drawing urine of women, as it ca by such a length of tube better conduct the urine into a bed pan. I most heartily endorse the us of Nelaton's Catheter in male subjects where the is much difficulty in passing a silver one.

◆

ETHICS *versus* HUMANITY.—Dr. J. Bridinger, Tiffin, Ohio, writes: "I have for some time bee regular reader of the News, and have come to appreciate it very highly. Its pointed and clear cut editorials are especially interesting, and among those which have appeared that in the issue of May 10th on the Beaconsfield embroglio stands out for its liberality, morality, and humanity. It is written in the spirit which underlies all ethics, viz., the spirit of humanity and genuine consideration for the best interests of our fellowmen. That it should not meet the approval of all men is not strange, for the profession is not yet rid of "True Blues" and perhaps never will be. The News, however, will not suffer from such screeds as that of the "True Blue," in the issue referred to. His "battery" is of very small calibre, and his condemnation of your position on the question at issue together with his overweening self-praise and detraction of his superiors brand him as one of those bigoted and conceited individuals which it is the misfortune of the profession to number in its ranks.

It is our mission to attend the call of the sufferer under all circumstances, and the man who refuses on some flimsy ethical point must have both a mental and a moral defect; he is, to a degree, responsible for the life he might have saved but would not because of his ridiculous ethics, so-called.

You are on the right track, Mr. Editor, persevere therein."

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A New Test of Intelligence.—"A Parisian scientist, Dr. Delaunay, has made the curious discovery that, to ascertain the qualities of a cook, it is sufficient to give her a plate to clean, or sauce to make, and watch how she moves her hand in either act. If she move it from left to right, or in the direction of the hands of a watch, you may trust her; if the other way, she is certain to prove stupid and incapable. Similarly the intelligence of people may be guaged by asking them to make a circle on paper with a pencil, and noting in which direction the hand moved. The good students, in a mathematical class, draw circles from left to right. The inferiority of the softer sex (as well as of the male dunces) is shown by their drawing from right to left; asylum patients and children do the same. In a word, *centrifugal* movements are a characteristic of intelligence and higher developement; *centripetal* are a mark of incomplete evolution. A person, as his faculties are developed may come to draw circles the opposite way to what he did in youth. Delaunay has some further extraordinary conclusions as to the relative positions of races in the scale of development from the way they wind their watches and make their screws."

The above is a sample of the "discoveries" which are accepted as such on the authority of the distinguished scientist making them. Our curiosity led s to put it to a test and accordingly we requested wenty individuals, selected for their known superi- r attainments, some of them university graduates, ad occupying responsible positions, to make circles on paper with a pencil. Without a single exception these made the circle from right to left, which direction, according to Dr. Delaunay would indicate them as unreliable and unintelligent. A person would naturally make a circle in the same direction as he would make the capital letter "O" and it would be an eccentric individual who would make this with a stroke "in the direction of the hands of a watch."

◆

New Definitions of Old Terms.—The editor of Dunglison's Dictionary will take note of the following new definitions, which are proposed by *L'Union Méd. du Canada*:

Abdomen. The most fruitful region of the human body for medical practice; theater of more than half the pathological dramas. Wo to the doctor who neglects its exploration!

Aberration. See Homeopathy.

Abduction. A movement of the arm that should be employed whenever a proposition is made inimical to professional honesty.

Adduction. A movement of the arm always made by the skillful physician when a patient offers the honorarium.

Abstinence. A term well understood by the poor horse of the poor country doctor, and often by the poor doctor himself.

Accord. A term rarely employed in medicine.

Agglutinative. The effect produced by a lecture by Trousseau, Ricord, Malgaigne, etc., collecting an audience and gluing them to the seats.

Assimilation. A precious faculty possessed by some physicians who produce nothing, but possess a wonderful appetite for the productions of others.

◆

The Tactus Eruditus.—Manley. *Philadelphia Reporter*: The presentation and bag of waters are what I am after. As I kept my finger there for a moment, I rapidly revolved in my mind the different presentations, and possible monsters, though sharply eyed by the nurse and savagely stared at by the husband, from another room. Still I could not forget what I once heard the late lamented Dr. Chas. A. Budd say, in his lectures: "That sometimes one could not tell, in making a vaginal examination, whether he was afoot or on horseback." While in this momentary quandary, I heard something that made my hair stand, from the very roots, and my knees suddenly weakened—my heart seemed packed into my trachea—the cry of an infant in a cradle, covered with a canopy. "There! get out, you quack," shouted the patient, the lying in (?) "I said you knew nothing." The husband swore he would prosecute, and I got out with my life, but no fee.

◆

The Cincinnati *Lancet and Clinic* explains how this is thus: "Oh! Bliss! What Bliss is this? Is this Cundurango Bliss? Yes, this is Cundurango Bliss. How did Cundurango Bliss come to this? About like this: When the President fell he turned immediately to Bliss, and oblivious at once of the extreme agony he felt, suppressing at the same time the shock of the peritoneal wound, he exclaimed, 'Bliss, my boy, you have known me from my boyhood. Bliss, take care of me."

And this is how Bliss came to this. The report that peritonitis has been averted and granulation of the wound promoted by the administration of this Bliss's cundurango, lacks confirmation. As to precisely what is being done for the President we are as yet in blissful ignorance. But when ignorance is bliss 'tis folly to be wise.

The Medical Record criticizes, somewhat caustically, the 1881 meeting of the Iowa State Medical Society. "On the whole," it says "this meeting was the most singularly barren one that we have experienced the distress of reading about for some time. Our Iowa "Life Preservers" seem to have united mainly for the propogation of rides on the river, and for the perpetuation of elegant receptions, where the medical mind shall relax its tension and grow giddy beneath the smiles of Iowa's daughters." Why it is that Iowa is thus singled out we cannot conjecture. Why did our contemporary pass Richmond by? That would have served a not less admirable purpose to point its moral or adorn its tale.

Capt. Eads, of jetty fame, having stated that the officers and crews of quarantined vessels lying off Port Eads, come ashore and freely mingle with the inhabitants, and having "confidently assumed" that this fact is unknown to the Louisiana State Board of Health, Dr. Joseph Jones, President of the Board, now comes boldly forward and mildly insinuates that the Captain lies under an ignorance of the facts in the case and that if yellow jack, therefore, enters from without this year it will not be *via* Port Eads.

Dr. George S. Blackie, Professor of Chemistry in the Medical Department of the University of Tennessee, and senior editor of the *Southern Practitioner*, died at Nashville on the 29th ult. Dr, Blackie was born at Aberdeen, Scotland, April 10th, 1834, and graduated at the University of Edinburgh as gold medallist with three stars (highest honors) in 1855. He came to this country in 1857, settling in Nashville where he remained until his death. He was a ripe scholar and facile writer.

Dr. D. W. Prentiss reports a case in the Philadelphia *Medical Times* in which under the administration of pilocarpine, the patient's hair turned from a light blonde to nearly a jet black. An examination under the microscope showed the change in color to be due to an increase in the amount of normal pigment and not to a dye.

Will some Eclectic please reconcile all the abuse which that school heaps on the "regulars" with the fact that in the annual meetings of their societies thus far, the reports of progress contain references to these same regulars to the almost entire exclusion of the names of members of their own system.

Dr. Geo. F. Shrady, editor of the *Medical Record* and for twenty-two years Secretary of the N. Y. Pathological Society, was presented by the latter society with an elegant silver pitcher and salver on the 22nd ult. The presentation was by Dr. Jacobi who said some nice things about the recipient.

Scene,—A French medical examining board. *Dramatis personæ*,—Examiners and applicant. Inq. Quid est creare? (*What is it to create*). Ans. E nihilo facere (*To make out of nothing*). Rej. Bene: te doctorem nunc creavimus. (*Very well; we now create you a doctor*.)

There is an old saying to the effect that no man ever dies happy whose disease is below the diaphragm. If this be true President Garfield's wound is not mortal, inasmuch as he has been a model of resignation, and singularly cheerful since his injury.

"A dirty man will, in most cases, be a discontented, disagreeable and dissolute man; for the condition of his skin has much more to do with a man's morals than is generally supposed."—*Dr. J. S. Billings, U. S. A.*

Of the boys who were applicants for enlistment as apprentices in the U. S. Navy, during the year 1879, twenty per thousand were rejected on account of venereal diseases, twelve of these being syphilitics.

The patient from whom Billroth removed a stomach on January 29th had a return of the cancer and died May 23rd. The result has scarcely justified the operation.

Puck says the order of Knights of the Goitre is principally found in Switzerland. Its members are all swells.

The dogs of war in South America continue to raise their Peruvian bark.—*Exchange.*

Book Notices.

ANATOMICAL STUDIES UPON BRAINS OF CRIMINALS. A Contribution to Anthropology, Medicine, Jurisprudence, and Psychology. By Moriz Benedikt. Translated from the German by E. P. Fowler, M. D., New York, Department of Translation New York Medico-Chirurgical Society.
New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

The book before us is an octavo volume of 185 pages. It is the outcome of deep thought and acute observation, appeals to the thoughtful, and is calculated to stimulate the thought of the less thoughtful. The nature of crime, the branch, will never be understood until we comprehend the nature of sin, the parent trunk, the investigation into which has perplexed theologian, philosopher and social scientist from the beginning. The theologian has assumed it as his special field to discuss this question and until comparatively late years it has been his sole privilege, through undisputed right. In the exercise of this right he has at various epochs propounded various theories to abandon them for others scarcely less absurd and equally fanciful. He has never, however, mid all his conjectures regarded the evil as an outcome of organization. His arguments have been based on the assumption that man has a double being—an ethereal or spiritual (soul) and a corporeal through which the other manifests itself. Latterly, however, the sociologist, who is usually a materialist, has entered the field and following the bent of his scientific mind he looks for a direct cause for obvious effects. The writer before us is one of these, and the tendency of the book is to prove from the *post mortem* appearance of numerous brains of criminals, that their possessors were during life criminal simply because it was their nature so to be. We, of course, shall not presume an opinion regarding the validity of the position taken, and will only say that the data given are such as must perplex those who maintain that man is a free moral agent, capable of choosing the right and eschewing the wrong, and that he is therefore to be held to a strict account for his deeds.

We quote the following from the preface: "That man thinks, feels, desires, and acts according to the anatomical construction and physiological development of his brain, was even in olden times (*Erasistrates*) a conviction—or yet more peecisely—it was a dogma among reflective natural philosophers. The meager development of cerebral-anatomy and physiology prevented a universal dissemination of this proposition, and therefore for centuries it remained latent in the consciousness of the learned classes." "An inability to restrain themselves from the repetition of a crime, notwithstanding a full appreciation of the superior power of the law (society), and a lack of the *sentiment* of wrong, though with a clear *perception* of it, constitute the two principle psychological characteristics of that class to which belongs more than one-half of condemned criminals." That a defective, atypically-constructed brain, cannot function normally is so evident as to leave no ground for discussion. That which we absolutely do not know is, why such a brain acts in one way and not in other ways, and why it acts in just this manner under certain psychoogical conditions."

The acceptance of the views sought to be inculcated in Professor Benedikt's book would work a material change in the polity and policy of governments in their dealings with the criminal classes. Aside from its conflict with cherished theological views there is in the deduction from the book the possibility of great ultimate good to society.

All thoughtful physicians will read this book.

A TREATISE ON DISEASES OF THE JOINTS. By Richard Barwell, F. R. C. S., Senior Surgeon and Lecturer on Surgery, Charing Cross Hospital. Illustrated by numerous engravings on wood. Second edition, revised and much enlarged.

A TREATISE ON THE CONTINUED FEVERS. By James C. Wilson, M. D., Physician to the Philadelphia Hospital and to the Hospital of Jefferson Medical College, and Lecturer on Physical Diagnosis at the Jefferson Medical College, etc. With an introduction by J. M. Da Costa, M. D., Professor of the Practice of Medicine at the Jefferson Medical College, Physician to the Pennsylvania Hospital, etc.

A MEDICAL FORMULARY, based on the U. S. and British Pharmacopœias, together with numerous French, German, and unofficinal preparations. By Laurence Johnson, A. M., M. D., Lecturer on Medical Botany, Medical Department University of the City of New York, etc.

The above three volumes constitute respectively the March, April and May numbers of Wood's Library of Standard Medical Authors for 1881.

We have had some curiosity as these publications have been issued as the subjects which the separate volumes will individually treat. It is obvious that in a work of this nature much of its popularity will be conditied on the adaptability of the subjects discussed to the requirements of the general practitioner, inasmuch as it must necessarily be from this class that the support must come to make the enterprize a pecuniary success to the publisher. The selection of subjects has thus far been characterized by admirable judgment, and two of the three numbers before us are no exception to the rule.

The special diseases treated in Dr. Wilson's book, and thus known by him as continued fevers, are: Simple continued fever; influenza; cerebro-spinal fever; enteric, or typhin fever; typhus fever; relapsing fever; and dengue. By a simple continued fever is understood a fever not due to a specific cause, usually of short duration, lacking in the distinguishing characteristics of the other fevers, rarely fatal in temperate climates, and showing, when death occurs, no characteristic lesion. It is most commonly met with among children who are much more prone to it, in the opinion of the author, because of the relative instability of their nervous organization. It demands no specific treatment. A purge to be followed by saline diaphoretics and diuretics is usually sufficient. This is one of the affections on which physicians, reputations are often made, the raging fever with it concomitant nervous disturbance disappearing so shortly, and as by a charm after the administration of the prescription. While a perusal of the book reveals nothing in the way of the treatment of the affections discussed which has not been made familiar to the profession through the periodical literature, at least it contains in compact form much that will not be found in any other separate book. A feature of the book is the fact that it contains little or nothing which has not been verified by Dr. Wilson's own experience. It is hence an eminently practical book and commends itself to practical men.

Barwell on diseases of the joints is not unknown to the profession, the edition now out being its second, although it is now twenty years since the first edition was issued. The author has for the past twelve years been preparing himself for the edition now before us. This fact argues that it is at least not a hasty production, and indeed it is a very exhaustive treatise. It enters fully into the consideration of all the diseases of all the joints, giving their etiology, pathology, symptomatology and treatment. It has been brought fully abreast of the times, and is worthy professional endorsement.

A Medical Formulary. This is a sort of combination of the U. S. and British Pharmacopœias to which has been added in some instances a bare mention of the therapeutics indication of the preparation. It is rather adapted to the druggist or dispensing physician than to the practitioner proper. It is an improvement on the U. S. P. and Br. P. in that it mentions many of the newer drugs.

The following pamphlets have been received:

Ether Death: A personal experience in four cases of death from anæsthetics. By John B. Roberts, A. M., M. D., Lecturer on Anatomy and Operative Surgery in the Philadelphia School of Anatomy. Reprint from Phila. *Medical Times.*

The tendency of this paper is to prove that the induction of anæsthesia is dangerous in spite of the agent employed. Of the four fatal cases reported two were from ether, one from bromide of ethyl and one from a combination of chloral and etherization. Of the ether deaths one was from cardiac failure and one from œdema of the lungs. The fact of death from cardiac failure under ether is somewhat at variance with the views, generally entertained, that ether is a cardiac stimulant. The paper discusses important points connected with the whole subject.

Phthisis Pulmonalis and its Treatment by Hypophosphites. By L. DeBrémon, M. D., University of Paris (France) etc. New York: John Newton, Publisher, 36 Beekman St.

This pamphlet gives a very complete resumé of the indications of the hypophosphites in phthisis, and although it is manifestly published directly in the interests of a particular maker's brand of the preparation, it is nevertheless a concise formulation and statement of the generally received views on the subject.

Rhus Aromatica. A paper prepared for the Annual meeting of the National Eclectic Medical Association, held at St. Louis, Mo., June 15th, 16th and 17th, 1881. By J. T. McClanahan, M. D.

This pamphlet consists of a very exhaustive report of the therapeutics of the drug whose name constitutes its title, evidence being collated from the experience of practitioners from all parts of the country. If rhus aromatica is what this pamphlet proclaims it to be, it fills a large place in medicine. Numerous cases of diabetes are reported as cured by it. An impartial consideration of the subject as presented justifies the belief that it is a valuable astringent diuretic, serviceable in catarrh of the neck of the bladder and in an atonic condition of the sphincter.

The Management of Wounds. By David Prince, M. D. Jacksonville, Ill.
Philadelphia: Lindsay & Blakiston.

This pamphlet of 54 pages opens with a history of the methods of treating wounds from the time of Hippocrates, giving the plans pursued by Ambrose Paré, Richard Wiseman, John Jones and other illustrious surgeons. It then discusses acu pressure and the different precautions and preventions against untoward results. The questions of irrigation, antiseptics and immersion come in for their share of consideration. It is altogether rather well written and is a concise presentation of the subject.

Original Articles.

German Measles.

BY PROF. WILLIAM BRODIE, M. D., DETROIT.

[A paper read before the Wayne County Medical Society.

The occurrence of a number of cases of an eruptive affection during the late winter and spring months, unattended by the febrile disturbance which the profuseness of the eruption would lead one to look for, must, for the time being, have caused some perplexity in the minds of general practitioners. The affection was perplexing not so much on account of its severity as because of the uncertainty in its diagnosis. The affection both in its onset and symptoms bore a strong family resemblance to measles, but the difference was sufficiently marked to constitute it a separate disease. The prodromic coryza and suffusion of the eyes were much milder than in measles, the fever also, was not so high and although the eruption was in some instances very profuse it lacked the crescentic arrangement characteristic of the latter affection and was more evanescent. There is nothing on the list of affections familiar to the profession of this country exactly like it, and there was for a time some rumor of the appearance of a new disease. The suspicion that it might be a form of urticaria was removed by the fact that the new affection was contagious. Time apparently proved it to be the disease known in Germany, and said to be quite common there, as rötheln, and the name, consequently of "German measles" was attached to it.

The introduction of this, to us new disease, makes necessary a more minute consideration of its nature, causation, diagnosis and treatment. The general appearance of the eruption would at first sight suggest a kinship with measles, and the name which has, semi-professionally, been given it is in keeping with this conception. A somewhat more minute scrutiny, however, is sufficient to show that there is in it an element suggestive of scarlatina, and the fact that scarlatina prevailed, in this community at least, to the almost entire exclusion of measles proper, during the prevalence of these cases of so-called German measles, would seem to add color to this suggestion. A careful study of a number of cases which it has fallen to me to treat have, however, convinced me that the affection is neither a modified form of measles, of scarlatina nor a combination of these affections. It is manifestly a disease *per se*. It may be followed by an attack of either measles or scarlatina, and although I know it is possible to have a second attack of either of these diseases, this happens too rarely to invalidate the rule that one attack insures immunity from a second. The onset of rötheln or German measles, so-called, is very abrupt and preceded by no marked prodomal symptoms, especially in children. The absence of these symptoms is the only reliable point in the differential diagnosis of this affection from the commencement of the eruptive stage of variola. Certainly the danger of mistaking the attack for one of confluent small-pox, if the mere appearance of the eruption is considered, is very great, and it was probably very fortunate for some victims that the disease prevailed here before the occurrence of the late small-pox endemic. That some of them would have been sent to the pest house is not rendered less likely by the fact that a case of eczema in child was gravely diagnosed as variola, by certain eminent professors, and the infant escaped the infected lazaretto, and probably certain death, because by mere chance she afterwards fell into the hands of a practitioner who happened not to believe that every eruption during the prevalence of small-pox is necessarily small-pox.

A differential point between measles and "rötheln" is the fact that the latter attacks a much larger proportion of adults. While, as already intimated, there are no prodomata to be detected or complained of in children, adults generally complain of a sense of languor, slight muscular soreness, chilliness and dizziness for a period varying from twelve to twenty four hours preceding the eruption. There is also some little congestion of the pharynx and a slight suspicion of of coryza, amounting, however, in no instance to that which is so characteristic of measles, and slight soreness of the cervical glands. Sneezing and conjunctivitis are absent, although there may be slight suffusion of the eyes. The spots usually first appear on the face, although they may first show themselves on the chest. The first appearance is speedily followed by a general diffusion of the eruption. The eruption remains out for from twenty-four to thirty-six hours and its subsidence is followed by no desquamation.

Treatment. A slight saline laxative is usually all that will be found necessary. The absence of febrile disturbance makes the diaphoretics and refrigerants, so important in measles and scarlatina, unnecessary. The complications which may arise must of course be met on general principles.

DISCUSSION.

Dr. Lyster: The chief difficulty experienced in connection with this disease is in the differential diagnosis, and this is not very difficult when the other symptoms than that furnished by the eruption itself, are taken into consideration. The previous occurrence of measles grants no immunity from rötheln, and it is more than probable that many of the so-called second attacks of measles are simply cases of this affection. The disease is not a new one. He had seen sporadic cases in the army in the summer of 1861. Had, however, never seen it occur endemically previous to the late winter. Does not think it contagious in any proper acception of the term. Single members of families were frequently attacked during the past winter and although free intercourse was had with the remaining members of the family no other cases occurred.

Dr. Devendorf: It is somewhat remarkable if the disease is not essentially new in this country, that there are no reports of it either in standard treatises or in the periodical literature, previous to last winter.

Dr. Yemans: German measles is a disease *per se* and not a congener of either scarlatina or rubeola. The only points of similarity are in the general appearance of the eruption and these disappear on a very superficial examination.

Dr. Mulheron: The names "rötheln" and "German measles" not only do not express any pathological condition but are positively misleading. "Rötheln" is the diminutive of *roth*, red, and as it merely indicates the existence of little red spots, is as applicable to almost any other cutaneous eruption as to the affection in question. "German measles" implies a modification of measles through some peculiarity of the German temperament, diet, climate or mode of life, a supposition which is, of course, ridiculous. The disease has probably long existed sporadically in this country, but has been attributed to the ingestion of various articles of food in regard to which the patient is supposed to have some idiosyncrasy. He had seen a meal of lobster salad followed by an eruption which was to all intents and purposes "German measles," so-called.

Dr. Klein :—The disease has occurred sporadically for many years—forty years to his own personal knowledge—but it has only been since the occurrence of the recent epidemic that an effort has been made to classify it. It is not measles or a modification of measles. The name "rötheln" is not objectionable as it merely describes the appearance of the eruption without implying any particular pathological condition. It is wrong to use the term "German measles" synonymously with "rötheln." In Germany there is no supposed similarity between rötheln and measles, and the name does not imply any. "German measles" is unwarrantable American fabrication.

Dr. Brodie :—"False measles" has long been a familiar term with both the laity and the profession and possibly the late epidemic was but an aggravated expression of "false measles" so-called. He believed it to be quite contagious although, of course, not so distinctively so as either measles or scarlatina.

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The Summer Dysentery of Children.

BY W. W. S. WATSON, M. D., NEW HOLLAND, ILL.

Partially from necessity and partially through negligence the incipient stages of the diseases the practitioner is called upon to treat—the first departures from the standard of health—receive little or no attention. The physician in most instances is not consulted until the disease becomes localized; the general prodromic disturbance may exist for days or even weeks, but it is not until some particular organ or system is especially attacked that the alarm is given. The alarm being given the resources of the materia medica are placed under tribute and the suffering organ is forced to bear the brunt of the siege. This error in medicine is, it is to be feared, becoming more and more common and is largely encouraged through the consideration given to specialism, the tendency of which is to confine attention to the local affection, seeing nothing beyond. Unfortunately for this tendency the mechanism of the human framework is too complicated and too nicely adjusted in all the relations of its parts, to permit of the ignoring of the whole in the consideration of any individual organ. In all diseases there is a stage of incipiency, a period of incubation, in which the harmony between the processes of waste and repair is disturbed, the result of which disturbance being an attack on the weakest part and we have the local manifestation. Digestion, assimilation and innervation are the supporting factors of health. Perverted they are the nucleus of disease, in the treatment of which it is necessary to trace as well as one may effects back to cause.

I desire to offer a few remarks, to which the above are preliminary, on the management of dysentery. The season is now approaching for the prevalence of this disease, the mortality of which is so alarming. There are two forms of it recognized by the authorities: the sporadic and the epidemic. It is essentially a disease of hot weather or hot climates, and the causes of its epidemicity is but an intensification or a prolongation of those which give rise to sporadic cases. The evidence leaves little room for doubt that the prime cause is a specific poison which is fanned into life by heat and other peculiar atmospheric conditions. What that poison is remains yet to be demonstrated. Post-mortem examinations of dysenteric subjects show the mucous lining of the colon and rectum to be the seat of the action of this morbific principle. The pathological condition is essentially an inflammation in the progress of which mucus is freely thrown off; this inflammation may go on to ulceration, when the discharge becomes sanious and purulent. The fact of the affection being confined to the lower portion of the alimentary canal implies some disturbance of the portal circulation which disturbance may bear the relation of cause or effect. The fact is that the portal circulation is obstructed in all or nearly all cases of dysentery, and success in treatment will very largely depend on the attention given to the restoration of the proper hepatic function.

Before indicating the more distinctive therapeutic agents employed by me I would insist upon the importance of bodily rest to the patient. Any plan of treatment conducted without a regard to this precaution will prove comparatively futile. It is impossible to properly control the discharge and at the same time allow the patient to move about. Absolute rest in the recumbent position should be insisted on as a *sine qua non* of treatment. This is perhaps especially the case in the treatment of the disease as it affects children; with their delicate nervous organization, the failure of treatment in many instances is probably due to the jolting to which the fond mother or sympathetic nurse subjects the fretful infant. The child should not be held even on the lap, but should be laid to rest on a pillow, and even in the removal of its diapers great care should be exercised that the child be not unnecessarily disturbed. Good ventilation should also be secured and all such articles of diet avoided as are liable to reach the inflamed tract undigested.

Treatment.—The first indication is to thoroughly rid the alimentary canal of irritating ingesta. This is most promptly effected by means of a saline purge, which in addition to its action in this direction also depletes the inflamed tissue through the exosmosis of serum which it causes. Castor oil is preferred by some; it is blander in its action but adds nothing to its purgative action. After this thorough cleansing of the canal the indication is to check the discharge. For this purpose I rely on opium and acids, after the following formula, modified, of course, according to age and other circumstances:

℞	Syr. rhei	℥ jss
	Spts. ammoniæ arom	ʒ ss
	Spts. camphor	ʒ ss
	Tr. opii	ʒ j

M. Sig.—A teaspoonful every three hours to a child eight years of age.

When there is much nausea a powder composed as follows may be given every alternate hour and a half:

℞	Bismuthi subnit	℈ij
	Pulv. ipecac	℈ss

M. Div. in partes no. viij.

Camphor has a very marked controlling influence over this affection and its combination with opium will be found invaluable.

In regard to the liver I would state that, notwithstanding the more recent views regarding the chologogue action of the mercurials, I still place my reliance on calomel. I find that when the discharge is largely composed of white mucus, destitute of a trace of bile, the administration of small doses of this preparation restores the deficient element, and with this restoration improvement in the condition of the patient follows. I do not wish to gainsay the physiological observations of the eminent experimenters who tell us that mercury is not a chologogue; all I do say, and I say it as the outcome of a considerable experience, is that as a therapeutic agent in the conditions to which I refer, it restores bile and is an important aid to the cure of dysentery. And further this deponent saith not.

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Fracture of the Hip Joint—Some Diagnostic Points.

BY W. R. PAGE, M. D., SANDUSKY, OHIO.

In the issue of THE NEWS of June 25th, is tabulated a very convenient form for reference in fractures and dislocations at the hip joint. While in a great measure the arranged table may be correct and desirable, it is lacking in one essential point when referring to the intra capsular fracture. Were the novice to go by the published table, and not take the pains to look up diagnostic points in the standard works, I dare say that he would wander in the meshes of uncertainty. We are all liable to great errors, and with a case in point will explain my meaning: A few weeks since I was called in consultation, to see Mrs. W., an old lady, of 86 years, of full, robust, healthy appearance, who had a night or two previous, met with, I think, a fracture of the neck of the femur within the capsule. The cause was a slight one, as is usually the case. She had arisen during the night, and while crossing the room caught her foot in a rug, which tripped her, throwing the considerable weight of the body upon the trochanter. Providing the diagnosis is correct, I consider the case an important one. Got crepitation (slight), shortening, together with the signs concomitant to this formidable fracture, with this difference, the toe was *inverted* instead of *everted* (the latter is most generally the case), resembling in fact an upward and backward dislocation on the dorsum of the ilium. The old lady was gotten on her feet the second day after the accident, and while in the standing attitude, the points were so marked, as referred to, that I was slow in arriying at a conclusion relative to the actual condition of things. Even yet I may find here an egregious error. Some of the eminent authorities, who have practised surgery a natural life time, give us to understand that signs occasionally are met with that mark the opposite of eversion. Prof. Frank Hamilton admits in his work that he has seen but two or three such cases. When the opportunity is afforded I wish to substantiate the diagnosis and place the case on record. So far the old lady has overcome all the ups and downs subsequent to so serious an accident, and with it all, an attack of dysentery. Considering the good age of 86 years she bears her affliction with wonderful endurance.

Selections.

TRANSIENT ALBUMINURIA.—Albuminuria without structural disease of the kidneys—a symptom of considerable interest and of much practical importance—was the subject of a recent communication by Prof. Bamberger to the *Vienna Gesellschaft der Aerzte.* "Temporary albuminuria" it is often termed, but he suggests that "hæmatogenic" would be a more accurate term as contrasted with "nephrogenic" due to organic renal disease. This functional albuminuria is often trifling in amount, causing merely opalescence of the urine under the ordinary reagents, but the amount of albumen is sometimes considerable. It may occur in individuals apparently in perfect health, as Ultzmann and Leube showed, and their observations have since been amply corroborated. It occurs also in febrile conditions, apparently as a result of the blood state, although standing in no direct relation to the pyrexia. Passive congestion and epileptic attacks also cause it. It is found in the convulsions from strychnine poisoning, but never in the abundant watery urine of hysterical states.

What is the origin of this albuminuria ? An answer can be best given to this question by asking another. Why is not albumen always present in the urine, since all capillary vessels allow albumen to pass through their walls, and it would be remarkable if those of the kidney were any exception to the rule. Wittich put forward the theory that the urine which passes through the capillaries of the Malpighian bodies is always albuminous, but that its albumen only serves to nourish the epithelial cells of the urinary tubules, and that the albumen which is not thus used passes back into the circulation. This theory presents the difficulty that it assumes that the epithelium of the kidney is nourished in a different way from all other epithelium, but it has the support of the pathological fact that when the epithelium is removed from the kidney, albuminuria occurs. And yet, on the other hand, intense fatty degeneration of these cells may exist, as, for instance, in phosphorus poisoning, and no albumen may appear in the urine ; while in cases of transient albuminuria, in which, for instance, albumen appears in the urine after an epileptic fit, it is not conceivable that this explanation will suffice. Rosen has brought forward an experimental objection to Wittich's theory. He placed small fragments of fresh kidney in boiling water, and thus fixed the albumen in the position in which it was produced. In diseased kidneys he found coagulated albumen in the urinary tubules, but he never found it there in healthy organs.

Physiologists assert that albumen is retained in the kidneys on account of the pressure-conditions of the circulation ; the pressure is sufficient to lead to the transudation of water and saline substances, but not of albumen. It may be asked, however, How does the pressure here differ from that in other capillary vessels ? The size of the renal arteries in proportion to the organ, the structure and arrangement of the capillaries, all point to a high blood-pressure in the kidneys, a condition in which substances only slightly filtrable should readily pass through, albumen among them. Heidenhain goes further, and asserts that nothing of the nature of filtration occurs in the kidney, basing his assertion on the relation which the amount of urea bears to the quantity of urine.

Another explanation which has been given is that the epithelial covering of the smallest renal capillaries keeps back the albumen. Mucous membranes only allow the escape of an albuminous fluid when they are denuded of their epithelium. This theory, however, holds good only for the living kidney ; albumen passes out of the kidney after death in spite of the epithelium. Moreover, the epithelium is not equally retentive of all varieties of albumen ; egg-albumen, for instance, injected into the vessels rapidly passes out in the urine ; serum-albumen does not, while the albumen of red blood-corpuscles, the hæmoglobin, rapidly passes out in the urine if the corpuscles are destroyed.

Runberg has asserted that the amount of albumen which passes through animal membranes varies inversely as the pressure ; the lower the pressure the greater the amount of albumen. Hence he believes that when albuminuria is not dependent on structural alterations in the kidneys, it is to be ascribed to the diminution of pressure in the Malpighian glomeruli. He thus accounts for the albuminuria of mechanical congestion of the kidney, in which the blood-pressure in the aortic system is commonly much lowered. The dimished quantity of urine in this condition supports this theory, and also the beneficial influence of digitalis as a remedy for the condition. Febrile albuminuria he ascribes to the same mechanism, the lowered blood-pressure from the enfeebled state of the heart. He has not, however, sufficiently distinguished the influence of the two important factors in the circulation, the pressure and the rapidity of the movement of the blood. In order to ascertain afresh the influence of the first of these factors, Bamberger has performed the experiment of stretching two similar membranes (amnion or pericardium) over cylinders, and allowing equal quantities of albuminous fluid to filter through them, with and without the pressure of a layer of oil poured upon the top. In the first experiment he took some pleuritic fluid, which contained 1.174 albumen. He found that in the cylinder in which the pressure was the greater, the absolute quantity filtered and the absolute amount of albumen were greater, but that in both instances the percentage of albumen in the total filtrate was the same. A second experiment with ascitic fluid containing a large amount of albumen gave similar results. Quite recently Gottschall and Hoppe-Seiler have performed similar experiments, and have obtained the same results. Runberg's theory thus also becomes untenable, and there are other experimental objections to it. When the renal arteries are tied the blood-pressure falls considerably, but the kidneys become congested, and blood and albumen at once appear in the urine. Moreover, in febrile states, the albumen often appears a few days after the commencement of the pyrexia, and while the pulse is still full and bounding. Neither an increase nor a diminution of the blood-pressure will alone account for the transudation of albumen. The only other condition to which it can be referred is the retardation of the blood-current. Albumen is slowly filtrable, and may only pass through when it remains for a comparatively long time in contact with the wall of the vessel. The same relation is seen in inflammation, in which first there is a retardation of the blood current, and then the exudation of an albuminous fluid. This, however, is probably not the only factor. The epithelial cells of the Malpighian glomeruli may lose their function without presenting any anatomical alterations—a hypothesis which can be neither established nor disproved. Another factor is the vasomotor action, consisting in either paralysis of the vaso-constrictors or irritation of the vaso-dilators. By dilatation of the vessels a retardation of the blood current can readily be produced. In this way the origin of the febrile albuminuria can be readily understood, since vaso-motor disturbances are frequent in that condition, apart from any direct relation to the amount of pyrexia. If the whole nervous system, and therefore also the vaso-motor system of the kidneys, is deranged by an epileptic attack, albuminuria may readily rise in the same way. The same explanation—the hypothesis of a slight vaso-motor disturbance—affords also the most ready explanation of the occasional albuminuria of apparently healthy individuals. At the same time, the possibility of chemical changes in the circulating albumen must not be forgotten. Under some conditions albumen is probably formed which behaves in the same manner as egg-albumen or paraglobulin, and, unlike serum-albumen, filters easy, and may thus appear in the urine. This fact. indeed, renders it doubtful whether the phenomena are to be explained at all by the mere physical conditions. We know nothing of the reason why the different kinds of albumen are excreted with various degrees of readiness, and whatever condition is the cause of this difference may also, when deranged, be the source of the temporary albuminuria which still constitutes so great an enigma.—*Lancet.—Medical News and Abstract.*

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Digitalis.—Dr. H. C. Wood, (*Medical Times*) in opening a discussion on digitalis before a recent meeting of the Philadelphia County Medical Society, referred to the current views in regard to the action of digitalis upon the nervous apparatus of the heart, and claimed for it a peculiar effect upon the heart-muscle. This influence, which had been fully demonstrated by physiological experiment and sustained by clinical observation, renders digitalis particularly serviceable in the condition of heart disease in which the increased word required of the heart is greater than the increase of the power, without regard to the particular value which may be affected. It improves the nutrition of the heart by regulating its contractions and lengthening the diastolic interval, doing away with the rapid, imperfect contractions which interfere with the blood-supply of the cardiac muscle. In such cases the nutrition of the heart suffers because it is necessary to have lateral distention of the aorta in order to fill the arteries in the muscular tissue. A little digitalis steadies the heart, and therefore improves its condition and retards degeneration.

In chronic valve-trouble of the heart digitalis is serviceable, and sometimes must be given in large doses. A half-drachm dose of the tincture apparently saved from impending death two cases of advanced heart-trouble coming under the speaker's observation: they afterwards got well enough to attend to their business. It enables the heart to gather up its strength, and keeps it going until the last. By the surgeon, digitalis is often used improperly. Thus, it is not rarely given in aneurism, where the great danger is from increased lateral pressure, not want of forward pressure. In one case coming under his observation digitalis caused the rupture of an intergal aneurism at the hospital. The patient had been brought in without any diagnosis, and no one had suspected aneurism.

In acute diseases with failing heart, digitalis may be employed: such a condition may occur in asthenic or in the advanced stages of sthenic pneumonia. In the early stage of sthenic pneumonia it is improper to give it. Such a medicine as veratrum viride, which produces vaso-motor paralysis, is indicated, so "as to bleed a man into his own tumors." Blood is drawn to the lungs because there is there a local vaso-motor palsy: produce a general vaso-motor palsy, and the local attraction ceases. When the lung is consolidated throughout a large extent, the heart is overworked; by and by it begins to fail, the pulse gets rapid and feeble: now digitalis comes into play. It will save life in such a condition, when the patient without it must die. Take the case of a drinking man, seen a few days since, suffering with pneumonia, pulse 150 to 160, respirations 60 to the minute, delirium persisting for two or three weeks, expectoration of pure blood, &c. This man was given ten minims of tincture of digitalis every two hours, day and night, until the pulse fell to 60,—when the digitalis was stopped, and resumed as the pulse went up. By the aid of milk and whisky the patient was saved.

Two points in conclusion: (1) in regard to the cumulative action, (2) in regard to the cause of the slow action of digitalis; the remedy acts slowly in producing its full effect, and its effects are very permanent when they do appear. Some agents act more quickly than others: digitalis acts slowly and cumulatively, not only because of its special influence upon the heart, but because it only comes very slowly in contact with heart-strucsure, since it osmoses slowly into and out from the body. Where it fails to act upon the kidneys, it is more apt to act cumulatively upon the heart. The practical points is this: watch the kidneys when giving large doses of digitalis: if water is not passed freely, then cumulative action will be apt to occur. In a case of chronic pleurisy Dr. Wood tried to run off the water by the kidneys; the pulse ran down steadily from 70 to 40 in four days after the medicine had been withdrawn; it was a long time before the effect of the digitalis was manifested, and it was long before it ceased to act. In the pneumonia case, after the pulse began to drop, it was eighteen or twenty hours before it again reached the normal. The longer the digitalis is in action, the more likely it is to have a lasting effect. After abdominal tapping, the digitalis often shows itself in reducing the heart's action. Either the digitalis has been lying in the intestines unabsorbed or in the cellular tissue: probably all the fluids are saturated with the drug.

Digitalis is a very useful remedy in cases of syncope and collapse. Formerly alcohol alone was used. One of the advances of modern therapeutics, was to teach the danger of giving large doses of alcohol in cases of surgical shock. Belladonna and digitalis are proper remedies, given by the hypodermic injection. The pulse begins to fill up in twenty minutes or half an hour. No irritation is produced at the point of puncture. Throw in twenty minims of the tincture at once, and expect to find the result in half an hour.

He did not wish his remarks to be understood as declaring that digitalis was entirely without danger, but he had used it in hundreds of cases, and had seen men apparently dying revive under its effects. It is important to stop it as soon as evidence appears in the pulse that it is beginning to be absorbed. Used in this way, he did not believe that there would ever be any serious cases of poisoning with it.

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ON THE PROPHYLACTIC TREATMENT OF OPHTHALMIA NEONATORUM.—Profs. Credé, of Leipzig (*Archiv für Gynäkologie*, Bd. xvii. Hft. 1), R. Olshausen (*Centralblatt für Gynäkologie*, 1881, No. 2), and D. Haussmann, of Berlin (*Ibid.*, No. 4), agree in the necessity of prophylaxis against this disease, in all lying-in institutions, at any rate, but differ somewhat as to details. Credé commenced by treating the eyes of children born of mothers who had a vaginal catarrh, first with 1·60 boracic acid solution, which failed, and then with two per cent. nitrate of silver solution, following this by washing the eyes frequently for twenty-four hours with two per cent. solution of salicylic acid. Encouraged by his success, but finding that the children of apparently healthy mothers occasionally took the disease, he treated all cases, and instead of washing the eyes with salicylic acid, he secured them for twenty-four hours with a bandage wetted with the solution. By these means he reduced his percentage of the occurrence from 13.6 to 0.5. The single case that went to make up this latter percentage was one where the treatment had been omitted. Olshausen, working at the same subject and at the same time, used a one per cent. solution of carbolic acid, which he pencilled over the eyes after birth, and thereby reduced his cases from 12.5 per cent. to 6 per cent.; but latterly he has commenced treatment before the complete birth of the child, first pencilling the eyelids before they had been opened, and then washing the surface of the eye with a fresh piece of wadding, 1 per cent. carbolic solution being used for both purposes. In this way he has brought his cases down to 3.6 per cent. He also observes that the cases that have occurred have been much milder than were those before prophylaxis was practised, never going the length of ulceration of the cornea, and frequently only one eye being affected. He suggests that a 2 per cent. solution might be more efficacious. To guard against the infection of a sound from an affected eye, he recommends that the child should always be laid on the affected side, and that its hands should be tied. The use of a bandage he disapproves of. Haussmann, while agreeing with the others, recommends the use of antiseptic vaginal injections, especially in malpresentations and operative cases, as there is then a greater chance of the eyes being partially opened during birth.—*Edinburgh Medical Journal—Medical News and Abstract.*

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Some of the Conditions Affecting the Origin and Course of Pulmonary Phthisis.—Dr. Beverly Robinson, Lecturer upon Clinical Medicine in Bellevue Hospital Medical College, in an article in the *American Journal of the Medical Sciences* for July, 1881, calls attention to three prominent conditions of great present interest in connection with pulmonary phthisis:

(1). Inflammation of the respiratory organs as they affect the origin and course of pulmonary phthisis.

(2). Syphilis in its relations to the origin and course of pulmonary phthisis.

(3). Contagion and inoculation.

The influence of laryngitis and bronchitis as predisposing and exciting causes of pulmonary phthisis is fully recognized by Dr. Robinson, whose personal experience forces him to the belief that bronchitis, and especially laryngo-bronchitis, is an efficient agent in causing broncho-pneumonia with cheesy nodules and pneumonic phthisis. On the other hand, labor-pneumonia, where the pulmonary parenchyma is involved in a previously healthy individual, rarely acts as a cause of phthisis, but where the patient is phthisical already, the complication hastens the course of the disease. Pleurisy also is a modifying agent of great importance as regards the origin and course of pulmonary phthisis.

Syphilis does not cause tuberculosis, but syphilitic deposit of the lung is sometimes indistinguishable by physical signs from tuberculosis; in such cases other symptoms suggest the anti-syphilitic regimen, and treatment becomes the touchstone of diagnosis.

Dr. Robinson expresses his belief in the communicability of phthisis by infection, contagion, or inoculation.

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Differential Diagnosis between Scarlatina and Opium-Eruption.—Bernouilli (*Correspondenz blatt für Schweize. Aerzte; Deutsch. Med. Wochens.*, 1881, p. 161) gives the following:

Scarlatina.	*Medicinal Eruption.*
History of contagion.	No history of contagion; occasionally history of previous attacks of the same kind.
The eruption finely punctate; only later is it confluent. Beginning on the neck, reaches its maximum in one to two days. Occasionally severe burning and itching; often chills. It may be accompanied by urticaria and pustular lesions. Duration one-half to one week. Desquamation occurs after a longer or shorter period, the scales branny or lamellar.	The eruption is diffuse, not punctate, or, if punctate, the punctæ are not divided by healthy skin, but are situated on an erythematous surface. The eruption begins on the neck, and reaches its maximum in one to two days. The lower half of the extremities often remains free. There is always itching and burning. Frequently chills. Urticaria and erythema papulatum are often associated with it. Duration four to eight days. Desquamation after some five days, branny or lamellar.
The tongue at first thickly coated, later smooth and red. Angina, with or without diphtheritis. Gums inflamed. Blood or albumen in the urine.	Tongue and gums normal. The medicine generally to be found in the urine.
Temperature continuously high.	Temperature (often with chills) very high, course normal, or subfebrile.
Pulse usually frequent.	Pulse moderately increased or normal.
Localizations in the organs of hearing, joints, and kidneys.	Slight eczema often occurs as a sequel.
Relapses are rare; pseudo relapses are mostly like measles. Rarely complicated by other diseases as sequelæ.	Relapse under the same circumstances almost invariable, the course of symptoms being about the same each time.—*Medical Times.*

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Are all Anæsthetics Dangerous which contain Chlorine, Bromine, or Iodine?—Dr. Edward T. Reichert, of Newark, N. J., having undertaken a number of physiological experiments with ethyl bromide, chloroform, ether, and other agents which have been recommended for producing surgical anæsthesia, summarizes his results and the opinions of various authorities, in a paper contributed to the *American Journal of the Medical Sciences* for July, 1881. He concludes that in the vast majority of cases death is a result of paralysis of the heart itself, by a direct local action of the anæsthetic. This is particularly the case where the agent possesses a decided cardiac depressant effect. Every one of the halogen anæsthetics, which has been investigated in reference to its action on arterial pressure, and as to its mode of producing death, has been found both to diminish the blood pressure and paralyze the heart; probably sixty per cent. of the deaths from chloroform have thus been due to arrest of the heart; while in regard to the miscellaneous anæsthetics, it is undoubted that some of them do diminish arterial tension and depress the heart, yet in these, on the contrary, there exists an unmistakable predominant tendency to produce death by asphyxia and not by sudden cardiac arrest. Ether is, with but one exception, the safest of all anæsthetics in general use, and the least liable to cause death without warning. The depressant action upon the heart of the halogenated anæsthetics must be due to a toxic element not found in the radicles forming the base of these compounds, but in the negative or added elements, as pointed out by Richardson of London, who deemed all chlorinated compounds dangerous. These ethers, being loosely combined molecular compounds, may be decomposed in the system as urged by Dr. Squibb, some more readily than others, thus "their degree of dangerousness, *cæteris paribus*, depends upon the relative amount and relative physiological power of either of these halogen principles which enter into the composition of any one of them, and upon the degree of fixity of the molecules."

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RESORCIN.—Resorcin is a diatomic phenol extracted from certain plants, as assafœtida, and produced synthetically by the action of potash on chlorophenyl sulphuric acid, to which we have before called attention (*The Lancet*, 1880, vol. ii., p. 777). M. Dujardin-Beaumetz has lately corroborated its value as an antiseptic, and represents it very serviceable in surgery. It causes poisonous symptoms in doses of more than six grammes. According to Andeer, sublimed resorcin has much less toxic properties. He asserts that it has not merely an antiseptic, but also a slightly caustic action upon mucous membranes, and does not give rise to a slough, the epithelium being regenerated in two or three days. He has employed it with advantage for the purpose of washing out the stomach in gastric catarrh and dilatation. It seems to possess certain hæmostatic actions, chiefly efficacious in capillary hæmorrhages. Soltmann has employed it in ninety-one cases of infantile "cholera," of which seventy-four were cured, and asserts that, putting aside three cases in which death occurred from grave complications, the use of the drug reduced the mortality from this disease in his practice from 34 to 15 per cent. It quickly arrests vomiting, even in small doses, and restrains the diarrhœa, without tending to cause the collapse by the toxic symptoms which result from the use of even small doses of carbolic acid. It is readily taken by children. The stomach and intestines rapidly regain their functional energy. He gave it to children under a year in a dose of one to three gramme in sixty grammes of infusion of chamomile.

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ATROPIA IN CHLOROFORM-ANÆSTHESIA.—In reference to the communication on the above subject by M. E. Schäfer, a correspondent states that the subject has been for some years worked out by Prof. T. R. Fraser, of Edinburg, who has shown atropia to be a cardiac stimulant, advisable when chloroform is to be given. It stimulates the heart, not only indirectly, by lowering the conductivity of the cardiac terminations of the vagi, and thus, of course, diminishing their inhibitory power, but also directly by stimulating the intramural motor ganglia of the heart; and possibly, also, by raising the excitability of the accelerator nerve to the heart from the cervical sympathetic ganglia; and, perhaps, it may even stimulate the cardio-motor in the medulla oblongata. Dr. Fraser considers it advisable to combine with the atrophia a little morphia, say 1-120th to 1-60th of a grain of sulphate of atropia, *i. e.*, one to two minims of liquor atropiæ sulphatis (B. P.), and one-twelfth to one-eighth of a grain of acetate or hydrochlorate of morphia. These are injected about fifteen or twenty minutes before the administration of the chloroform is begun; and by this means, (1) not only is the patient in a less nervous state when the inhalation is commenced, but (2) less chloroform is required, and, (3) moreover, a very objectionable evil is got rid of, or, at all events ameliorated, viz., the emesis which is apt to occur with chloroform. In the cases which our correspondent has seen this method followed there has been no vomiting whatever, although in some the inhalation was considerably prolonged.—*Canadian Journal of Medical Science.*

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ARTIFICIAL PEPTONE.—Dr. Geo. B. Fowler reports, in the Medical Record, some cases showing the value of artificially-digested meats in phthisis and other wasting diseases. About six months since, after many experiments, a product was obtained, by artificial digestion of meat, which is made as follows: An infusion of the fourth or digestive stomach of an ox, acidulated with hydrochloric acid to .2 of 1 per cent. is made. To one pound of finely chopped lean meat one pound of the acid infusion is added. This mixture is then kept at a temperature of about 37° C. for two or three hours, being agitated in the meanwhile by a special mechanism. At the end of this time a perfect solution of the meat is effected, and it is found that there is less than seven per cent. of solid residue, which consists principally of fibrous tissue. The whole is now carefully neutralized by sodium bicarbonate CO_3NaH. CO_2 is driven off, and sodium chloride $NaCl$ remains in solution. The whole is finally concentrated to one-eighth the original weight of the meat employed. This preparation of peptone is of a dark color, of a thick molasses consistency, has an agreeable beefy odor, and is very pleasant to the taste. It responds to all the tests for peptone, and on account of the manner of its preparation it evidently contains *all* the constituents of lean beef. A thoroughly digested substance like this has manifold advantages which any one familiar with the laws of digestion and absorption can readily appreciate. Since a sufficient supply of peptone has been obtainable he has constantly employed it and is happy to say that his expectations as to its nutritive value and superiority over the usual beef extracts, etc., have been fully realized.—*Louisville Medical News.*

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Formulary.

PRURITUS OF PREGNANCY.

Dr. Montrose A. Pallen, of New York, recommends the following, which he claims will always effect a cure, except in those cases depending on trophic nerve causes:

℞	Thymol	grs. xv.
	Vaseline	grs. xxx.
	Powdered brick clay	℥ iij.

Sig.—Dissolve the thymol in the vaseline, rub it up with the clay, and apply it to the pruritic parts; wash off every day or two and re-apply.

LOCAL APPLICATION FOR THE RELIEF OF ERYSIPELAS.

℞	Acid carbolic	1 part.
	Spt. vini	1 "
	Olei terebinth	2 "
	Tinct. iodini	2 "
	Glycerinæ	5 "

M. Sig.—Paint on the surface and cover the painted part with a thin layer of fine carded cotton batting. The applications are painless, and the good effects can be seen on the second or third day. —*Pittsburg Medical Journal.*

POMADE ANTI-HÆMORRHOIDAL. (E. Barré).

℞	Iodide of potassium	grs. xxx.
	Extract of rhatany	grs. lx.
	Laudanum (of Sydenham)	gr. ½.
	Extract of belladonna	gr. ½.
	Tallow	℥ j.

M. Sig.- Anoint morning and evening, preceded by bathing with glycerine, and continued poultices over the affected portion.—*L' Union Medicale.*

CHOLERA INFANTUM.

℞	Argenti nitrat	gr. j.
	Acid. nitric. dil	♏ viij.
	Tinct. opii deodorat	♏ viij.
	Mucil. acaciæ	℥ ss.
	Syr. simplicis	℥ ss.
	Aq. cinnamomi	℥ j.

M. Sig.—A teaspoonful every three, four or six hours to a child one year old.—Bartholow.

This combination is remarkably beneficial after the acute symptoms have subsided.

IN EPIDEMIC DYSENTERY.

℞	Strychniæ sulph	gr. ¼.
	Acid. sulph. dilut	℥ ss.
	Morphiæ sulph	gr. ij.
	Aquæ camphoræ	℥ iijss.

M. Sig.—A teaspoonful every hour or two well diluted.—Dr. Bartholow.

The above is indicated when there is depression of the vital forces, the intestines distended with gas, the stools like prune juice. It is also serviceable in summer diarrhœa when the evacuations are very watery.

POMADE FOR HÆMORRHOIDS.

(Sabal)—

℞	Iodoformi	gr. lx.
	Pulv. opii	gr. xv.
	Vaselinæ	gr. lx.

The iodoform must be finely pulverized. The pomade is applied morning and evening. With the unction, first warm bathing, followed by cold bathing. To mask the iodoform, tannin, 60 grains, may be added. As a laxative, use

℞	Sulphate magnesia	
	Carbonate magnesia	
	Sulphur flowers	
	Sugar of milk	āā ʒ iv
	Powd. anise	ʒ ij.

M. Sig.—One tablespoonful daily, and, if necessary, twice a day.

A STIMULATING EXPECTORANT.

In those cases in which chronic bronchitis is associated with emphysema, or in the second stage of acute bronchitis, where the heart is severely taxed, the following combination of remedies will strengthen the overtaxed heart and clear out the air passages.—Dr. Fothergill:

℞	Am. carbonat	gr. v.
	Tinct. nucis vom	♏ x.
	Tinct. scillæ	℥ ss.
	Inf. serpentar	℥ j.

M. Sig.—Three times a day.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Expert Testimony.

A paragraph in one of our daily papers a few days ago on the subject of medical expert testimony in our courts of law, at once arrested our attention and temporarily aroused our ire. It intimated, in connection with a case now exciting some little interest, and in terms quite unequivocal, that the average medical expert has committed himself to the cause of the party subpœnaing him, before it has been decided to elicit his testimony in court; that his opinion as an expert on many questions is no better than, if indeed it is as good as, that of the ordinary intelligent business man of acknowledged honesty; and that in any case the plaintiff is able to offset the defendant's array of expert witnesses, and *vice versa*, with an array equally expert, equally respectable, equally prominent in the profession, and equally deserving of credence.

Such charges are certainly not very complimentary, and will at once be met with an indignant and very unanimous denial from the profession. The wise man, however, never allows passion to blind judgment, and much less should an impersonal profession. Let us approach the charges after our indignation has subsided, and see whether under their blunt, unpolished expression there is aught of truth. If such charges are false the profession will outlive them; if they are true it is high time that the grounds for them be corrected. It is an indisputable fact that medical expert testimony, so called, has come to be but little respected by the bar, and is very often referred to from the bench in terms which do not imply a very exalted regard for it by the court. These facts are of themselves sufficient to create a suspicion that there may be some grounds in truth for the insinuations of our secular contemporary, above referred to. This suspicion is, moreover, not removed by any of the many spectacles which may be witnessed almost daily in our courts of justice,—spectacles of prominent medical practitioners under the cross-examination of some astute lawyer.

Is it true that, as a rule, the physician who is placed on the witness stand as an expert goes there with a strong bias toward the side at whose instance he is called? If he were obliged to give a categorical reply to this question the acute observer would say "yes." The exceptions to this rule are distinguished for their rarity. This apparently grave charge can, however, be admitted without impugning either the honesty, the ability or the motives of the witness. The only thing it distinctively implies is that the doctor is like his fellow men, human. As a general rule he is entrapped into the anomalous position which he occupies on the stand as an expert. He is first waited on by the attorney in the case who, in very deferential tones and with consummate tact, convinces the doctor that he (the doctor) is a very erudite individual and has been consulted in regard to the matter at issue because of his acknowledged ability in this direction, and his superior powers of discrimination. The delicate morceau of flattery prepares the way, and the case is detailed in all its minuteness, colored just sufficiently, and collateral circumstances just sufficiently left out, to show his client to be a much abused and fair-minded man and the other party to be correspondingly just the reverse of this kind of a character. A hypothetical case is then proposed and the impulsive doctor, with his sympathies aroused, declares himself very unequivocally to be just the kind of a witness required. The subpœna follows and in due course the stand is reached. Once there he finds himself, unconsciously often, an *ex parte* witness, and when subjected to the fire of a cross-examination he becomes sufficiently stirred up to shew a little temper, and fails, in his heat, to detect wherein he was imposed upon when he first committed himself to his side of the cause. Whom the gods (and the lawyers) would destroy they first make mad, and the doctor's testimony is somewhat suspiciously regarded by the court.

Is it so that the average practitioner's opinion in the majority of cases in which he is called upon to testify as an expert, is no better than that of an intelligent and honest layman? It by no means logically follows that the possession of a diploma from a medical college constitutes a man an expert as the term is understood by the courts. In spite of this *non sequitur*, however, the physician who does not feel himself qualified to give an opinion on the most intricate of medical or medico-legal problems is a *rara vasi.* We have heard the recent graduate of a two-term school give *ex cathedra* opinions from the witness stand on the question of the sanity of a decedent, with a nonchalance which would have turned a Tuke or a Maudsley green with envy. This was, however, an extreme case (although it is frequently duplicated), but is it fair to assume that even the practitioner with a score of years at his back, whose life has been given to the care of diseases of the more corporeal and tangible part of the human being, who knows little of men but their diseases, and who has had no experience in either the observation or treatment of those subtle disturbances of the mind which baffle the profoundest of alienists, has a sufficient knowledge of these disturbances to qualify him to give an opinion on them on which may hinge a large estate or a human life? Would not a business education and a knowledge of men acquired in the marts of life, a close intermingling with varied humanity, and the every day scrutiny into men's motives which the business man must needs practice, be a better qualification for such an opinion than the mere possession of a medical college diploma? These questions carry with them, to the thoughtful reader, their own answer.

But mental diseases are not the only division of medicine which furnish illustrations of the point raised. General practitioners take the stand every day, (and every day get off it "worked up" and crestfallen) on questions involving the most intricate problems in surgery and toxicology. It would redound very much to the honor of the profession and to the respect in which it is held by the courts and communities, if its representatives could but bring themselves to acknowledge their ignorance on points regarding which the most eminent specialists are by no means clear. There are too few general practitioners with sufficient moral courage to say they "don't know."

Is it so that one party to a case at law can offset the opposing party's array of expert testimony with an array equally entitled to credence? Certainly this is often done. In the vast majority of neighborhoods, urbane or rural, where there are more than one doctor, there are two opposing factions in the profession. In the event of a suit in such a neighborhood requiring the testimony of "experts" each faction feels it incumbent on itself, (in order to be consistent, if nothing more) to be on the opposite side from the other faction, and it, moreover, feels it necessary to its standing in the community, that the side which it has espoused should prevail. This peculiarity of the doctors is no secret to the bar and the fact has gone a great way towards bringing expert (?) testimony into disrepute.

The above is one side of the picture: we shall endeavor to present its reverse in our next.

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Inebriety a Disease.

We are prepared to go to the full length with the most zealous of total abstinence advocates in their denunciation of the crimes following immediately in the wake of the excessive use of alcoholic stimulants. We are prepared to admit also that much the larger percentage of "man's inhumanity to man" through which "countless thousands mourn" follows almost as directly as effect can follow cause, an indulgence in the fiery cup.

Our attention has been forcibly directed to this subject by a communication now before us in reply to our comments in our last, on the reply given the categorical questions of the W. C. T. U. by the State Medical Society. The pith of the communication is the reiteration of the charges which we have admitted, and the admission of which is, by no means, inconsistent with a lack of full sympathy with the methods pursued by the zealous and worthy ladies who have cornered the medical profession of this State and forced from it a definite declaration of its position on the question of the use of alcohol, directly as a medicine and indirectly as a beverage.

The question of temperance reform is one of the most delicate which the physician can approach. We cannot square his relations to it by the teachings of science and the results of his observations of its effects as a therapeutic measure, and escape the condemnation of the well-meaning but not properly educated philanthrophists of our temperance reform societies. The characteristics of enthusiastic reformers possess these philanthropists: they are extremists; (we use the word in its most respectful sense); they deliberately and persistently fail to discover a single redeeming feature in the evil they would remedy. All who cannot endorse their most radical views are not with them, and they that are not with them are against them.

The above is all the reply we can consistently make the lay critic whose communication we have referred to; the communication reveals a total ignorance of the scientific bearings of the question, appealing solely to the emotions, which if science do not wholly ignore it subordinates to demonstrable facts. The times are ripe for physicians, as such, to consider this question. Moral suasion and legislative enactment have their proper place, but the question has a medical aspect which must not be ignored if the best results would be achieved.

Inebriety is unmistakably a disease, and drunkenness is but its incipiency. Drunkenness is a vice which it is within the power of the will to control, and the moral suasion of temperance reformer and the prohibitory measures of the legislator may be employed with hope of benefit in efforts at its abatement. The cases, however, from which society most suffers are those which have passed beyond the power of the will to control them, but they are by no means evolved from drunkenness. The inebriate proper may be, and indeed in most cases is, such without having first been guilty of the vice of drunkenness. The inebriate is, as a rule, a man of superior mould to the drunkard; he is a person of finer nervous development. He is an inebriate through an irresistible impulse, in spite of and independent of volition; he drinks not because of the temptation of his surroundings but through an inherent propensity. The drunkard is such largely through force of circumstances,—companionship, sociability and other less excusable causes. Inebriety is mainly an outcome of physiological causes: drunkenness is a reflex of animalism. Inebriety is fostered and encouraged by the causes which have made the nervous element so largely to enter into modern diseases; it had its origin and is progressing *pari passu* with other nervous affections. It is a disease, and to be successfully treated it must be properly diagnosed.

The President's Condition.

The progress of the President towards recovery since our last issue had been steady and satisfactory up till the hour of our going to press. The despatches report that on Saturday, the 23rd inst., he had a severe rigor which lasted for upwards of two hours after which fever set in, the temperature running up to 104°. This alarming turn caused the attending physicians to send at once for consulting surgeons Hamilton and Agnew. The cause of the rigor was ascribed to various influences, among which that of malaria has been prominent from the fact that several of the White House employés have been having distinctive quotidian chills. Immediately preceding the rigor there was a stoppage in the flow of pus which fact together with the additional fact that at no time had the pus been of an ichorous nature,directed the attention of the consultants to the wound itself as the probable seat of the constitutional disturbance. Acting on this supposition an incision was made directly through the overlying tissues into the pocket which had been formed through healing of the sinus. The result was satisfactory, the discharge of pus being followed by an immediate improvement in the patient's feelings and symptoms.

The anxiety which was occasioned by the severe rigor has at this writing been somewhat allayed, and again hope is in the ascendant. The profession will be pleased to learn that hereafter, and until the danger is unmistakably past, either Dr. Hamilton or Dr. Agnew will be in constant attendance on the president. The reasons which we hinted at in our last make it very desirable that one of the gentlemen should be at least added to the corps of attendants. The reported conversations with certain of the attending physicians, and even the official bulletins, have not been as free from that pyrotechnic style which arouses suspicion, as professional dignity, perfect honesty and ethical propriety would seem to demand. We venture to assert that the phrase "You may state that I say," will not be so prominent in the new attendants' statements,as it has been in those of some of the corps as it has existed up to this time.

Dr. Agnew is reported as being especially desirous of instituting a search for the ball, and Prof. Bell, of electrical fame, is engaged on an electrical apparatus with which to definitely locate it. Experiments on an old soldier in the Soldier's Home, who has a bullet imbedded some two inches below the surface, have shown the apparatus to be measurably successful. It will be employed to assist in determining the location of the bullet in the President's body. Some operative procedure will probably be instituted within a few days to remove the ball which, of course,as long as it remains is a menace. The conviction has become very strong throughout the profession that it has not wounded the President's liver.

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Summer Vacation.

Sitting as we do at this moment under the friendly shade of a luxurious maple on the shore of Lake Huron, and drawing in full inspirations of the uncontaminated breezes which are wafted over the broad expanse of this beautiful inland sea, we are at peace with all men and could forgive our worst enemy, even the specimen copy fiend and him of the undecipherable manuscript. Our best wishes go out to all prepaid subscribers, and the best of these best wishes is that they might banish dull care and indulge in a couple of weeks of just such recreation as we are now enjoying. The physician need lose nothing pecuniarily by setting aside a few weeks during the year for a vacation, while the gain in the matter of physical and mental strength cannot be estimated. He is certainly to be pitied who has not a trusty medical friend in whose charge he may leave his patients for a couple of weeks during the summer, and for whom he is not ready to return the compliment.

Where is the best place to go to? Were we to answer this from our own experience, we should say to some quiet place on the shore of a lake, with cool breezes, the possibilities of a good table and good fishing. There are many places supplying these essentials to a good time, but not every one knows where to find them. We have one at Goderich, Ontario, on the shore of Lake Huron, and we can most heartily, and without a shadow of mental reservation, commend it to any of our readers; the black bass are biting nicely. To the uninitiated the expenses of hotel life may prove somewhat heavy, especially if he takes his family with him (and he should by all means take his wife, at least), but there are many excellent private houses opened during the summer for the reception of visitors, and at rates which are quite reasonable.

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Erratum.

In Dr. W. W. S. Watson's interesting article on "Summer Dysentery of Children" in our last issue the reader will doubtless have noticed that instead of "acids" in the sentence preceding the first prescription, the word should have been "antacids." Had the error been less clearly an error the doctor's display of bile on account of it would have been more pardonable.

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Miscellany.

Michigan State Board of Health.—The regular meeting of this Board was held at Lansing, July 12, all the members being present as follows: Hon. Le Roy Parker, of Flint; Rev. D. C. Jacokes, of Pontiac; Henry F. Lyster, M. D., of Detroit; J. H. Kellogg, M. D., of Battle Creek; Arthur Hazlewood, M. D., of Grand Rapids; Jno. Avery, M. D., of Greenville; and Henry B. Baker, M. D., Secretary.

Hon. Le Roy Parker was elected president of the Board for the ensuing two years.

SMALL-POX.

Dr. Jacokes spoke of an immigrant tramp-burglar who came down with the small-pox while confined in the jail at Pontiac. He and another prisoner in the jail were remove d to the temporary hospital. The prisoner stole the clothes of the immigrant, and leaving his own, ran away. Some one then stole the prisoner's cast off clothes and bedding after supposed disinfection, and by this means small-pox was communicated to more than 16 persons. He also reported that a second immigrant brought small-pox near Pontiac, but the disease was restricted.

Dr. Kellogg reported that an immigrant sick with small-pox had recently been put off a M. C. R. R. train at Battle Creek. He remained about the depot all day before it was discovered that he had small-pox. He was then removed to a tent-hospital.

Dr. Avery reported an out-break of small-pox apparently brought by an immigrant-Dane who was vaccinated and not sick himself, to a camp in Montcalm county. The immigrant slept with and gave the disease to a country man who was vaccinated before his arrival in this country six years ago. The disease was light, the man not being confined to his bed at all, and finally he went to a family of five unvaccinated persons, all of whom had the disease lightly. There were other cases in the neighborhood coming from the same source. The immigrant probably brought the contagium in his clothing from some infected city or immigrant on the journey, as he said there was no small-pox on board the ship on which he came, though there were cases of diphtheria on board.

A communication was received from the American public health association asking the influence of this board to secure legislation making it a criminal offense for any person to communicate any communicable disease, such as small-pox, scarlet fever, or venereal diseases, and giving to boards of health and health officials the same power in the prevention and suppression of other diseases as they now possess in cases of small-pox.

The secretary presented a resolution of the American public health association, asking the Michigan board to use its influence to secure general vaccination.

THE CHICAGO SANITARY CONFERENCE.

By direction of the board, the secretary had attended the conference of delegates from local and state boards of health, held at Chicago, June 29, for the purpose of devising means for preventing the introduction of small-pox and other diseases by immigrants. As secretary of the conference, he had prepared an official report and sent it to the national board of health for publication in its bulletin.

The action of the sanitary conference, to prevent the spread of small-pox, was indorsed, and

RESOLUTIONS WERE ADOPTED,

requesting the national board of health to secure, if possible, the vaccination of immigrants before they land in this country; asking the attention of every local board of health in Michigan to the details of the plan adopted at the late Chicago conference; calling upon them to secure a careful inspection of all immigrants entering and remaining within their jurisdiction, and a prompt vaccination or re-vaccination with pure and fresh bovine virus of all persons not protected against small-pox; calling attention to the need of establishing a quarantine at Port Huron; also, asking the national board of health to aid in preventing the introduction of small-pox and other communicable diseases by immigrants landing at eastern ports.

Dr. Baker read resolutions of the Tennessee state board of health, indorsing the action of the Memphis board of health as being very much more effective than local quarantines, with less detention and annoyance to commerce.

VACCINATION FOR VARIOUS DISEASES.

Dr. Lyster, committee on epidemics and other diseases, read a translation of two important papers recently published in France, on the causation of certain communicable diseases, which gave details of successful methods of making viruses which can be used in vaccination, and are effective in preventing deaths from these diseases. He received the thanks of the board, and was requested to embody his remarks and so much of the translation as was essential, in a paper for publication.

Dr. Baker had paid some attention to the same subject in connection with diseases of animals, affecting the public health. He mentioned a paper by Prof. Law of Cornell university, suggesting that these protective viruses all seemed to be made in accordance with a general law, namely, by their cultivation in fluids with access of free oxygen, and this gives us great hope of soon being able to make protective vaccination for many of the most dangerous diseases in animals and mankind.

Dr. Baker reported the investigation of an outbreak of a new disease in England, traced to the eating of American hams. The cause of the disease proved to be a virus which was used to innoculate animals of various kinds and reproduced the same disease in them. From the accounts it seems probable that it is no more nor less than our hog cholera. The symptoms closely resemble in some respects the disease known last winter in this country as "winter cholera."

SANITARY ASSOCIATIONS.

Dr. Jacokes referred to the Pontiac Sanitary Association and the work it was doing for public health in that city.

Dr. Kellogg reported the formation of a sanitary association at Battle Creek as a fruit of the recent sanitary convention held there by this board. Among the subjects brought before the Association was that of impure water. He had examined a sample of water used at an eating-house, among the boarders at which there were seven cases of typhoid fever last year. It contained a large amount of organic matter, and a large amount of chloride of sodium, used by a family in which there had been much illness.

The request of the sanitary convention at Battle Creek, that this board issue a circular on criminal absorption, was referred to Dr. Kellogg as special committee.

FUTURE PUBLICATION.

Drs. Lyster and Baker reported their revision of the document on the restriction and prevention of diphtheria, and different points were discussed, amended, the document adopted, 30,000 copies will be printed, and the document stereotyped so that local boards of health may secure any number of copies at cost of paper and press-work.

Dr. Jacokes referred to the great lack of knowledge among those who ought to know, as to what constitutes thorough disinfection. He proposes to remedy this by the preparation of a circular on disinfection.

Drs. Baker and Kellogg were appointed a special committee to prepare a tract on disinfection, which shall give the best method adapted to each disease and to each article to be disinfected, and which shall call attention to the many useless substances now employed for such purposes.

The document heretofore issued on the treatment of the drowned being out of print, it was referred to a committee for revision, with a view to its publication.

Dr. Baker was instructed to prepare a paper on the best methods of constructing hospitals for communicable diseases, avoiding the use of the name "pest-house."

LEGISLATION UPON HEALTH.

Hon. Leroy Parker, committee on legislation, made a report relative to public health acts passed by the last legislature, giving the titles of forty-eight acts bearing directly or indirectly on public health subjects, mentioning the subject of each act.

These acts give increased powers to local boards of health, additional appropriations to the state board of health, authorized the board of control of state swamp lands to appropriate lands to drain overflowed lands, etc.

The recommendation by Dr. Foster Pratt, of Kalamazoo, for the amendment of the law relative to reporting dangerous diseases, was referred to the committee on legislation.

Under the new appropriation made by the recent legislature, the board authorized the purchase of additional meteorological instruments for the use of the board's observers in different parts of the State.

WORK IN THE OFFICE.

The Secretary read a report of work in the office which included a statement of the number of health officers appointed for the present year beginning April 1, as follows : in townships, 797; villages, 107; cities, 32; total, 936. For the year ending April 1, there was appointed, for townships, 827; villages, 112; cities, 36; total, 945, a difference of 39. It is believed that more than 39 will be returned before the close of this year. The 975 health officers appointed for 1880 made annual reports to this Board as follows: Of townships, 414; of villages, 55; of cities, 14. Clerks of local boards of health have sent annual reports for 1880, from townships, 501; from villages, 36; from cities, 7. The compilation of the these annual reports is now in progress.

During the quarter the correspondence of the office has been materially increased. This was partly caused by the outbreaks of small-pox in the State, and by the prevalence in some places of diphtheria. In one northern township, where the health officer was not a physician, the local officers applied to this office for a physician to be sent to aid in stopping the spread of the disease; and by direction the secretary of the State Board, Dr. Hawxhurst, ex health officer of West Bay City, went there at the expense of the township, and has reported that the outbreak has been stopped.

The usual number of complaints have been received of sickness caused by flooding rivers for the purpose of running logs in the northern part of the State. In answering these the secretary has used Mr. Parker's paper on the powers and duties of local boards of health.

EXAMINATION IN SANITARY SCIENCE.

The fee for examination in sanitary science was changed from $10 to $1, the latter sum being deemed sufficient to cover the actual expense. It was voted that applicants unable to be present at this meeting may be examined at the meeting of the Board, October 11, 1881. Applications to be made to the Secretary at Lansing.

GLUCOSE SUGAR AND SYRUPS.

Several samples of sugar and syrup, manufactured at the Michigan Grape Sugar Factory at Detroit, were presented to the Board and partially examined.

NOTICES OF CONTAGIOUS DISEASES TO SCHOOLS.

The Secretary presented samples of notices of contagious and infectious diseases sent by the health officers of Grand Rapids and Tecumseh to the superintendents of schools in those cities, and suggested that if the health officer of each city would send such notices to superintendents, it would be a very important public health measure.

PREVENTION OF BOILER EXPLOSIONS.

An account of an experimental boiler explosion, by D. T. Lawson was presented. His view is that that they can be prevented by such a construction of the boiler as will stop the too rapid increase of steam under suddenly reduced pressure, as at starting the engine, or by the sudden introduction of cold water. Results thus far seem to demonstrate the correctness of his theory.

The secretary was directed to present hereafter at each meeting of the Board a resumé of the action of other state boards of health.

After auditing bills and accounts, etc., the Board adjourned to meet October 11, 1881.

Notes on a Doctor's Liability.—Oliver E. Lyman, communicates to the *Popular Science Monthly* the following on a very practical matter:

In undertaking the care of a patient the physician enters into legal relations with him, and becomes a party to a contract, which, although not expressly set forth in writing, is yet, in the eye of the law, fixed and certain, and one which subjects him, in case of a breach on his part, to legal liabilities. He engages that he possesses that reasonable degree of learning, skill and experience, which is ordinarily possessed by professors of the same art or science, and which is ordinarily regarded by the community, or by those conversant with that employment, as necessary and sufficient to qualify him to engage in such business. He contracts, also, to employ reasonable and ordinary care and diligence in the exertion of his skill, and application of his knowledge to the matter in which he is employed.

It is not necessary, in order to sustain an action against him for malpractice, that there should be proof of gross culpability on his part. He is on the same footing, and subject to the same degree of liability as any other person who is engaged in the performance of services requiring skill and care. Both are equally responsible for a failure to exercise proper care, and for negligence in this discharge of the duty imposed on them. But extraordinary care is no more contracted for than the possession of extraordinary skill. If the physician has employed ordinary skill and care in the management of his case, he is not responsible if such does not crown his efforts. But, on the other hand, if he does not bring to the treatment of a disease the ordinary amount of skill possessed by those in the same profession, it is immaterial how high his standing may be, he is liable for the want of it. If, moreover, possessing skill he undertakes to heal a wound or cure a disease, and through his neglect the party is not cured, or is impaired in health by the treatment, he is also responsible. Behold the two horns of the dilemma which threaten the physician! If he has skill, and neglects to employ it, he is liable in damages; if he has not skill, he is equally liable. The injured party may bring his action to recover for damages resulting from both, and recover, on proving damages resulting from either.

Once having incurred the liability, it sticks like a leech. Retiring from the case is of no avail to shield him from the results of his prior negligence or malpractice. Nor will neglecting to send in a bill. Such failure might reasonable be interpreted as an admission of neglect, and as an evidence of consciousness on the part of the physician that he was not entitled to pay, and that his services were worthless. It has been held also that it is no defence that the services were rendered gratuitously.

This liability is, for the most part, a civil one, and redress can be measured by a monetary standard. If, however, the patient die, and his death is presumptively owing to the treatment received and caused by it, criminal proceedings may be instituted against the doctor, and in such cases the charge of criminal malpractice is not infrequently preferred. Now, the practitioner may never actually have had the malicious or criminal intent which is an essential element of a crime; but, if he has been guilty, for instance, of gross rashness, gross ignorance, gross negligence, or the most criminal inattention, the law very properly infers such criminal intent, and the physician finds himself held for manslaughter. In England the law is, "If one whether a medical man or not, profess to deal with the life or health of another, he is bound to use competent skill and sufficient attention; and, if he cause the death of the other through a gross want of either of these, he will be guilty of manslaughter." There is nothing unsound in that doctrine.

The physician does not, however, contract for freedom under all circumstances from errors of judgment. The man who possesses ordinary skill is presumed to have ordinary good judgment, and, if it be fairly and conscientiously exercised, and the case is one of reasonable doubt and uncertainty, and errors and mistakes are upon employers alone.

Such is the law in New York. In Maine, however, not so very long ago, a verdict of heavy damage against a physician for alleged malpractice in a case of amputation was sustained on appeal. The court, nevertheless, expressly admitted that the verdict was found against the defendent on the ground of his error of judgment in not removing more than he did of the amputated limb. Such a verdict is tantamount to saying that the physician ought to have known better what course to pursue, and was therefore guilty of ignorance, on which ground, it would, perhaps, have been better to base the verdict than on an error of judgment.

Fortunately for the profession, there are some limitations upon its liability. Ordinarily the physician is supposed to possess a familiarity with the characteristics of the dominant disease. As it has been summed up: "His diligence and care will be exercised in watching for and guarding against the numerous accidental influences which, if overlooked, may delay or even prevent the restoration of the patient, such as latent predisposition to certain diseases; a lack of vital or recuperative power in the patient; the effects of melancholy and of other passions of the mind; the effect of the want of pure air and good food; of careful attendance and nursing; the neglect of the patient to follow the physician's advice, or to take the medicines which he prescribes."

A surgeon once, in a case of dislocation of the elbow-joint, replaced the bones and put the arm on a pillow, with the part below the joint at a right angle with that above it, and directed the application of cold water, but omitted to give warning that the arm must remain in that position. Assuming for the moment that such treatment was enough, the court declared such omission to be culpable negligence on his part. Had he, however, performed his task skilfully, omitting nothing, and then the patient had neglected to comply with his directions, the surgeon's liability would have been limited. For in the patient's duty to cooperate with the physician or surgeon, and conform to necessary prescriptions. If he will not or under pain cannot, his negligence is his wrong or misfortune, for which his physician is not responsible.

If the patient's neglect to obey the reasonable instructions of his medical attendant contributes to the injury complained of in an action for malpractice, he cannot recover. Contributory negligence is a good defence, and in this respect the patient is "on all-fours" with the man who is run over while walking on a railroad track without authority. Neither can recover. While there may have been negligence on the part of the engineer or the doctor, yet, the pedestrian and the patient being equally at fault, no recovery can be had. But, if the patient has neglected to use necessary precautions, because lulled into a sense of security by the doctor, the doctor will be liable. A refusal, however, on the part of the patient, to prevent an attempt to remedy the injury already caused by malpractice, does not necessarily preclude a recovery, if the refusal was made without reasonable assurance that the attempt would be successful. And it would seem that refusal, even after the assurance of success, would be just and proper. What weight have assurances from a negligent physician? Is there any reason to suppose that, after having broken his implied contract for care and skill, he is in any better condition to observe his express one? But if the physician guarantees a successful issue out of the trouble, he will he held responsible in case of failure to effect a cure, although ordinarily he would not be liable if he had employed such care and skill as were above spoken of.

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THE ANATOMY OF GHOSTS.—The hypothesis offered by Mr. Francis Galton in explanation of the phenomenon of "mental images"—namely, that the mind builds up the mental picture on the foundation and with the materials furnished by external objects, as "children and sick people get faces and forms from paper-hangings and curtains;" the eye seeing little, and the mind supplying the rest of the idea, is not new, though it may be true. Leonrado da Vinci, the great painter, showed his appreciation of this method in his direction "To compose a Battle Piece"—namely, to stare at a smoked and daubed wall until the confusion suggests the desired conception. And the same explanation has been submitted by all writers before and since the time and speculations of the author of "Demonology and Witchcraft." The chief merit of Mr. Galton's contribution to the literature of this subject is the admirable summary he has given of the known facts with regard to the association of sound and colour with form. The manner of this association is unimportant. It is the result with which we have to deal. Meanwhile, none of the theories or hypotheses raised by the expounders of hallucinations are entirely satisfactory, because they either do not recognise, or they practically disregard, some of the most potent factors in a class of experiences which has long constituted the opprobrium of introspective science. A man sees a ghost; to him it is as *real* as anything else he sees, and it is not to be explained away or accounted for by any reasonable process of argument. A reference to the power of the imagination will not satisfy the subject or victim of hallucinations. If he be weak-mined he will insensibly come to believe in their reality; and, even if he be strong minded, they will worry and annoy, perhaps mislead, him. It is, therefore, a matter of moment that what we may designate the anatomy of ghosts should be scientifically investigated. By way of suggestion, we venture to throw out the following hints. Every personality or consciousness has surrounding it an atmosphere of its own, with clouds of hazy impressions and nebulous thoughts and all the apparatus necessary for mental spectres, from which the mind receives back more or less accurate, or distorted, reflections of its own ideas. In addition to this proximate source of "mental immages"—which are external to the observer, and yet the mere reflection of his own mind—there is the remote, or true external, which is seen *through* the atmosphere, the surroundings or environment, of the mind itself. Such external objects as have a life and individuality of their own, have also *their* environments and systems of reflexes. So that what we see with the "mind's eye," when thinking of another person, is the aggregate or mean —or resultant—of our previous images of him. These images are made up of what we have in past times seen through our environment, and had reflected back from it, together with whatever impressions may now reach us through the environment of the person modified by his reflexes, and through our environment modified by the disturbing influences which it also must exercise on the impression we seem to receive. In short, every living object which is external is seen through two environments, and the image we form in our mind is modified by two sets of reflections. There is no such possibilty as seeing things as they *are*. We see things as they are presented by the external and as we think of them. It is at once obvious how many sources of fallacy there are and how many possible ways of introducing new images, or of changing those which are transmitted, actually exist. A ghost may therefore be formed of materials cast up in either or all, of four processes in the seemingly single and instantaneous mental act of observation.

1. We perceive an external object which suggests a thought of some person.

2. We seem to see the object in the form in which it has been presented to us on previous occasions and associated with remembered characteristics of color and sound. Form, color, sound and even odor, or touch, stand on precisely the same footing as regards their mental associations and either may play the part of a first agent or keynote in producing the impression.

3. When we see a form or colour, hear a sound, smell an odor, feel a touch which has been associated

in our minds with the form of an absent friend we may be, as it were, visited by his ghost, or, in other words, the fragment of real external will call up, seemingly around it, but actually in our minds, the complementary properties of the object.

4. Receiving the picture projected from without, adorned by the memory of previous impressions of its subject, we still further develop it, adding the impression of our own present reflections, and probably finishing the picture according to the mood of the moment, making the "mental image" grave or gay, and adapting it to the supposed associations of the individual as we think of him under the influence of any fear or fancy our minds may cherish with regard to his condition or circumstances. The whole of this building up or fashioning of ghosts may be comprehended within Mr. Galton's hypothesis, or it may not. We do not quite gather the fact from his lecture. It is easy to say that "the eyes sees little and the mind supplies the rest of the idea;" but this would not be the whole truth, because the mind takes the material for its construction of the ghost organism, not wholly or even in great part from its own inner chambers of imagery, but from the physical record of impressions which, if, at the moment, past, were originally received and not conceived. We should be glad if the view actually entertained by Mr. Francis Galton could be more definitely communicated. The subject is one of great practical interest to the sick, and to many who seem, and believe themselves to be, sound of mind and body, to wit, the whole class of "spiritualists" or believers in spiritism.—*Lancet.*

◆

Curiosities of Country Practice.—Under this caption an esteemed correspondent submits the following interesting notes:

A Precautionary Measure.—Some fifteen years ago I was called hurriedly by a man who stated he wanted me to see his wife as soon as possible. On inquiry he said that he did not know what the matter was, but the woman said she was not doing well. Arriving at his house after a brisk ride of three miles, I entered and found three or four middle aged women sitting round with lugubrious countenances expressive of much mystery and apprehension. A glance at the patient told me at once that she was not flooding, which the expression "not doing well" generally means in country midwife vocabulary.

In answer to my question the oldest of the ladies informed me in grave tones that the child had been born about an hour and a half, but that the afterbirth was not delivered.

The woman was lying on her back with her heels drawn up to her body, and she appeared to be quite comfortable.

On proceeding to examine the case my hand came in contact with the umbilical cord but it was tense and seemed to be attached at both ends. Drawing my hand back toward the cut end of the cord, I discovered that it was tied with a string to the woman's ankle. Taken by surprise, and vexed I ejaculated "what in thunder did you do this for?" The lady aforesaid very placidly told me, she had tied the end of the cord fast to the leg to keep the after birth from slipping back out of reach till I came.

Regulating Medicine.—A young lady was under my charge suffering from irregular menstruation. On one of my visits she told me that some kind friend had recommended to her Dr. Pierce's Favorite Prescription, and that she had procured a bottle which she showed me, but said she had not taken any.

At my next visit the father, a man near seventy, was complaining some, but said he was better than he had been, that he had taken some of Sis's medicine, and it had helped him. I asked him if he took it according to directions on the bottle; he said, no, he just shook up the bottle and took a sup three or four times a day. With that he took up the bottle of Favorite Prescription, shook it and swallowed a dose.

The girl smiled, a neighbor present smiled. I smiled audibly, the old man remarked gruffly, "you may all laugh if you want to, I know it has regulated me."

When last heard from the old man was still regular.

Adaptation.—I was treating a female child two years old for dysentery, called "flux" in country parlance; the nurses were the mother, a maiden aunt older than the mother, and the grandmother.

I found it necessary to order injections but having no syringe with me I told them that they must send a messenger home with me to procure one.

At this juncture the aunt spoke up and said that Mrs. M., a neighbor had one, she knew; I then told them to get it and use it as directed.

The next day my little patient was considerably better. Did they use syringe? "Yes, and it did so much good!" Let me see the syringe. It was a metal vaginal syringe! Did the child complain when you used it? "Not a bit?"

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The Doctor.—Extract from a poem read by Dr. Oliver Wendell Holmes, June 8, 1881, at the Centennial Meeting, Massachusetts Medical Society (Boston *Med. and Surg. Journal*):

Hour after hour the busy day has found
The good physician on his lonely round;
Mansion and hovel, low and lofty door,
He knows, his journeys every path explore,
Where the cold blast has struck with deadly chill
The sturdy dweller on the storm-swept hill;
Where by the stagnant marsh the sickening gale
Has blanched the poisoned tenants of the vale,
Where crushed and maimed the bleeding victim lies,
Where madness raves, where melancholy sighs,
And where the solemn whisper tells too plain
That all his science, all his art were vain.
How sweet his fireside when the day is done

And cares have vanished with the setting sun !
Evening at last its hour of respite brings
And on his couch his weary length he flings.
Soft be thy pillow, servant of mankind,
Lulled by an opiate Art could never find;
Sweet be thy slumber,—thou hast earned it well,—
Pleasant thy dreams ! Clang! goes the midnight bell !
Darkness and storm! the home is far away
That waits his coming ere the break of day !
The snow-clad pines their wintry plumage toss,—
Doubtful the frozen stream his road must cross;
Deep lie the drifts, the slanted heaps have shut
The hardy woodman in his mountain hut,
Why should thy softer frame the tempest brave ?
Hast thou no life, no health, to lose or save ?
Look ! read the answer in his patient eyes,—
For him no other voice when suffering cries;
Deaf to the gale that all around him blows,
A feeble whisper calls him.—and he goes.
Or seek the crowded city—summer's heat
Glares burning, blinding, in the narrow street,
Still, noisome, deadly sleeps the envenomed air,
Unstirred the yellow flag that says "Beware!"
Tempt not thy fate,—one little moment's breath
Bears on its viewless wings the seeds of death ;
Thou at whose door the gilded chariots stand,
Whose dear-bought skill unclasps the miser's hand,
Turn from thy fatal quest, nor cast away
That life so precious; let a meaner prey
Feed the destroyer's hunger ; live to bless
Those happier homes that need thy care no less !
Smiling he listens; has he then a charm
Whose magic virtues peril can disarm ?
No safeguard his; no amulet he wears,
Too well he knows that Nature never spares
Her truest servant, powerless to defend
From her own weapons her unshrinking friend
He dares the fate the bravest well might shun,
Nor asks reward save only Heaven's "Well done!"
Such are the toils, the perils that he knows,
Days without rest and nights without repose,
Yet all unheeded for the love he bears
His art, his kind, whose every grief he shares.

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Oliver Wendell Holmes on Pathological Anatomy.—*Medical Record:* At the recent presentation of a portrait of Dr. J. B. S. Jackson to the Boston Medical Library Association, Dr. Holmes made some very happy remarks regarding Dr. Jackson and his favorite study, pathological anatomy. Referring to Dr. Jackson's activity as a member of the Boston Society for Medical Improvement, he said, "I recollect the days in which, with at least as much truth as there was in Louis XIVth's saying he was the throne, it might have been said that Dr. Jackson was the society. He was its support, its main pillar, untiring and untirable as a marble caryatid—say, rather its vertebral centre, around which all its limbs and organs were disposed. Did others fail to appear, he was always present ; were others silent from lack of material for discourse, he was always ready with the story of some new and interesting case ; had others brought no specimen, he was always sure to unwrap some embryonic *jeu d'esprit* of nature, or some fragment of unenviable personal property not mentioned in the late owner's will or codicil. He has left the memory of all this in two imperishable fluids—ink and alcohol ; in his minute and trustworthy records, and in the jars where the liquid that destroys the organs of the living, confers a kind of immortality upon the viscera of the dead. Dr. Jackson would never meddle with the microscope ; he was always contented with his natural lenses of ten inches of focal distance. And thus, whatever he lost, he escaped one of the not infrequent effects of over-reliance upon the instrument to which we are under infinite obligations, but which is breeding a generation of intellectual myopes as one of its results.

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Sir Isaac Newton on Sleep.—The following quaint letter from Sir Isarc Newton to a medical friend has only been recently published:

London, December 15, 1716.

"Dear Doctor—He that in ye mind of knowledge deepest diggeth, hath, like every other miner, ye least breathing time; and must, sometimes at least come to terr; alt for air.

"In one of these respiratory intervals I now sit doune to write to you, my friend.

"You ask me how, with so much study, I manage to retene my health. Ah, my dear doctor, you have a better opinion of your lazy friend than he hath of himself. Morpheous is my best companion; without eight or nine hours of him your correspondent is not worth one scavenger's peruke. My practizes did at ye first hurt my stomach, but now I eat heartily enow as y' will see as I come down beside you.

"I have been much amused by ye singular φενομενα resulting from bringing of a needle into contact with a piece of amber or resin fricated on silke clothe. Ye flame putteth me in mind of sheet lightning on a small—how very small—scale. But I shall in my epistles abjured Philosophy wherof when I come down to Sakly I'll give you enow. I began to scrawl at five mins frm 9 of ye clk, and have in writing consmd ten mns. My Ld. Somerset is announced.

"Farewell, Gd bless you and help yr sincere friend, (Signed) Isaac Newton.

"To Dr. Law, Suffolk."

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The Perineum in Parturition.—Dr. Wm. Godell in his *Clinical Lectures* thus sums up the diverse methods employed in treatment of the perineum during labor: "One advocates pressure with a folded napkin; another with an unfolded napkin; a third scouts all napkins, whether folded or unfolded; one plugs up the rectum; another empties it. The perineum is pushed forward by some, backward by others. Some place their hands transversely across the perineum; some longitudinally with fingers looking upwards; some longitudinally with fingers looking downwards, as runs the nursery rhyme: Simon says thumbs up, Simon says thumbs down."

◆

Malaria or no Malaria.—Dr. E. Halsey Wood, Hersey, Michigan: I am convinced that there are among the thousands of intelligent readers of your journal many who have thought out the problem of "malaria" for themselves, and I would like to take the "sense of the house." Either "malaria" in its accepted sense exists or it does not exist; there can be no modified opinion on the subject. I will put the question to vote. All in favor of "malaria," that is, all who believe in its existence, say Aye! All opposed, that is, all who believe in its non-existence, say No! Record your vote on a postal card and send it to me and I will keep the tally and publish the result.

Yours for a "revised edition" of the pathology.

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The latest news from Vienna is that all the five cases of exsection of the pylorus performed by Billroth and his pupils are dead except the last, which we reported two weeks ago as executed by Wolfer. Death was due not to the consequences of the operation, but to a recurrence of the cancer in other parts of the abdominal cavity.

Book Notices.

A Treatise on Diseases of the Nervous System. By William A. Hammond, M. D., Surgeon General U. S. A. (Retired List); Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York; Member of the American Neurological Association and of the New York Neurological Society, etc., etc. With one hundred and twelve illustrations. Seventh edition, rewritten, enlarged and improved.
New York: D. Appleton & Co. Detroit: Thorndyke Nourse.

This book is dedicated to Dr. S. Weir Mitchell, of Philadelphia, and the author takes occasion to remark in his dedication, that Neurology is the most important department of medical science. If the importance of the departments of medicine is to be guaged by the deficiency of the knowledge concerning it among the rank and file, if the value of knowledge is, like that of more tangible things, metals, for instance, based on the difficulty of its attainment, this claim for Neurology will probably remain undisputed.

But Neurology has other claims than this. The functions are, of course, directly dependent for their proper performance, their activity during health and the degree of their perversion in disease, on the integrity of that subtle essence, nerve force. The importance of the nervous moving element in diseased processes is becoming more apparent as the knowledge of the structures on which this element manifests its action is extended. As yet Neurology as a study *per se* is confined to a few. The depth of it and its abstruseness has deterred the general practitioner from entering its domain, and it is, as yet, regarded as the higher division of medicine: an accomplishment, as it seems, rather than a necessary study. This status must, however, soon be changed; it is, indeed, already in the transition state, and the educated physician of the near futue must be a neurologist. The initial nervous aberration must be detected and treated rather than the more tangible changes which the pathologist's microscopic vision, or the more superficial observers microscopic sense may be able to detect.

In view of the above facts the necessity of a guiding work on the subject of nervous disturbances must be apparent. That work, especially at this stage of the subject, must be by an author whose success as a practitioner in this particular line is a guarantee that he is not a mere theorizer—no fantastic dreamer. Among such authors the one before us stands pre-eminent. A detailed biography of him would form an interesting contribution to the history of medical progress in this country. As with all men of pronounced individuality, there is some diversity of opinion among his contemporaries regarding his merits. Notwithstanding this diversity, however, the fact remains that he has made his mark in his special field, and stands by a majority vote at the head of American neurologists. His experience has certainly been very large, and his views, therefore, which are in the work before us, almost exclusively based on this experience, may (his honesty not having been impugned), be relied on as guides.

Our space, and indeed the very nature of the work, forbids a detailed notice of the book. Suffice it to say that we are convinced, from a by no means superficial examination of it, that there is no work on the subject better entitled to the wants of the general practitioner at least. Possibly the specialist might demand a fuller consideration of the non-practical points in the affections discussed.

A Text Book on Practical Medicine, with particular reference to Physiology and Pathological Anatomy. By Dr. Felix Von Niemeyer, Professor of Pathology and Therapeutics; Director of the Medical Clinic of the University of Tübingen. Translated from the 8th German Edition, by special permission of the author, by George H. Humphreys, M. D. and Charles E. Hackley, M. D., of New York. Two volumes.
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

Medicine is a composite science, and one of its peculiarities is that it has required the special aptitudes of different nationalities to place it in the position it occupies to-day. The Germans have contributed toward its advancement as no other people have endeavored to and perhaps as no other are capable of. The German mind is peculiarly fitted for detail, and directed toward medicine it has delved deep to lay the foundation of the thing, and has done the leading work in physiology and pathology, particularly the latter. It has, however, not devoted itself especially to therapeutics. While the Germans have laid the broad and deep foundation necessary to a magnificent structure they have left it for others to rear this structure. German therapeutics are, therefore, not as advanced as those of other people.

The nature of the work before us may be inferred from the above generalization. While it discusses what may be termed the philosophy of disease, its causation, the shades of deviation from the normal standard which constitutes disease in its varied forms, and the changes of structure induced by disease, it does not take advanced ground in the matter of the ways and means to a return to a normal condition. That it is less valuable, as a work, on this account may be questioned in these days of books. Indeed its defect may be regarded as its recommendation. The general practitioner is too prone to accept the dicta of an author on a question of therapeutics without taking the pains to reason from the cause. A book, therefore, in which therapeutics are not kept so prominently before the reader is not so apt to distract his attention from a consideration of the fundamentals necessary to an intelligent and comprehensive conception of disease. Niemeyer contains German medicine in condensed form. It is a work for the physician who aims to be something more than a routinist; such a physician neglects an opportunity when he fails to secure a copy.

Original Articles.

The Treatment of Acute Articular Rheumatism.

A CLINICAL LECTURE BY PROF. AUSTIN FLINT, M. D., NEW YORK.

I desire to call your attention to several cases of acute articular rheumatism. One of them is a male the other a female. The subject of rheumatism, gentlemen, is very instructive both pathologically and therapeutically. There is not much to be said with regard to the diagnosis, for this offers but very little difficulty in the majority of cases. This man you will see at once is not suffering at this moment from the acute affection. He is able to be dressed and sit here, and his joints therefore, cannot be the seat of any marked articular inflammation. But the history will contain some points of interest and instruction. The first patient is twenty six years of age, and lives in this city, being a native of the United States. His business is that of an upholsterer. He was admitted to these wards about ten days ago. There are no important facts pertaining to his family history. He states that his health was always good until some six years ago, at that time he had swelling of the knee joints. They were swollen, red and painful.

Soon after the ankle and nearly all the other joints of the body became inflamed, and he was confined to the bed four or five weeks, lying all that time either in bed, or on a lounge, and since that time he has had several slight attacks. There is no question from this history that he had, six years ago, an attack of acute articular rheumatism, which occurred as you see when he was about sixteen years of age. and this is a disease which usually commences its attacks on early life and it is a disease, too, which may be expected to occur at variable periods. After it has been once experienced, a patient cannot consider himself or herself free from a liability to a recurrence. His present attack began on the 10th of April, showing itself first in the knees, then extending to the ankle, shoulder and wrist joints. You see we have in this case that marked characteristic of the disease often to affect the greater part of the joints in succession and sometimes simultaneously. We have here also an illustration of the corresponding joints upon the opposite sides of the body being affected simultaneously. This man was therefore seized on the 8th and came into the hospital on the 10th. There is nothing particularly worthy of note in his symptoms, but this is a point of some interest, that he presented upon his admission no evidence of any affection of the heart, so that he probably escaped during his severe attack and all his intermediate attacks from rheumatic endocarditis, that being the complication most to be dreaded in this disease. I say he escaped, Why do I make this statement? Because in all probability had he had rheumatic endocarditis during any of these attacks we should have found evidence of it by the existence of an endocardial murmur. And yet the absence of this murmur is not proof positive that he did not have rheumatic endocarditis, for sometimes, although exceptionally, a person has endocarditis with rheumatism and the murmur which finally disappears and leaves nothing behind it. But the rule is that we always find an endocardial murmur present, generally a mitral murmur. When he had that attack the joints were swollen and painful. His urine being examined, was amber in color, acid in reaction, clear, with a specific gravity of 1024, with a trace of albumen, but no casts. We are pretty safe in saying that there was no renal affection in this case. There was a little albumen in the urine, but we find a trace of albumen in a great variety of febrile, inflammatory affections. In the absence of casts and other symptoms, it presents no great significance.

The question of treatment is one of a good deal of interest. It seems that Senator, a German writer, has communicaual some facts going to show that benzoate of sodf mala an anti-rheumatic tendency. So we resolved t I thought trial of the drug at this hospital, with thtation. I presults: The patient was placed upon ," and, adding the drug, given every three hours, te and color, de his admission. On the day followigave it to No. 2. (Sena temperature was 102° in the morors for me then. on. The temperature of cesults. The next day No. 2 fever process. On the the bottle in his hand in same in the morning a

noon. On the 13th the laimed.

morning and 103° in the medicine to cure him of

the 14th that the temper

morning and 102° in the af

show a very prompt and efficient effect of the remedy as compared with that which is now so generally employed. Still we find that on the third and fourth days there was some decline of temperature. We see that the remedy, it would seem, did have a slight effect upon the disease. Yet we must always draw such a conclusion with a marked degree of reserve, because here is a disease which tends of itself to end after a time. He had had it six or eight days. However, it rarely ends intrinsically, of its own accord, in so short a period as that. So that I think that in this case we may consider it very probable that the remedy did exert a certain amount of effect upon the febrile disease, for this is a fever, and not a local affection. On the 14th, however, while the benzoate of soda was continued, he was also put upon salicylic acid, twenty grains every three hours. He also took a gram of the bicarbonate of sodium every three hours. Before this time he had not taken the alkali. I do not think that it is ever desirable to omit the alkali, but still, for the purpose of better observing the effect of the benzoate of sodium the alkali was omitted on the 15th, the day on which both the benzoate of sodium and salicylic acid were given, the temperature came down to 99.5° in the morning and rose to 100° in the evening. On the 16th the temperature was 99°.

You will notice then that this case is interesting with reference to the treatment. I think we have some evidence here that the benzoate of sodium exerted a certain amount of effect upon the fever, but you will see that when we began to use the salicylic acid, the fever was at once extinguished. The patient is now free from fever, is also free from any affection of the joints and has no cardiac complication. What indication remains with respect to treatment? Simply to keep him under the influence of the alkali to such an extent that his urine shall remain alkaline. That will afford, in the first place, a certain amount of protection against recurrence of the rheumatic fever, and, in the second place, will place him in a condition such that should he have a recurrence of the disease, as patients sometimes do when treated with salicylic acid, he would not be so likely to have cardiac complication. Other remedies may be indicated to improve his appetite and digestion. He must be careful to avoid exposure to cold.

Here is another patient, and you se that she too
has passed through the stages of the same disease.
If she had the fever at this Neurolo she would not
be looking as well as she be.

Her history is as f as other claim 35, is a native
of Ireland, a do course, directly admitted to the
hospital on th ormance, their act as an unimportant
famil the degree of their pervers as never been ill be-
f integrity of that subtle essen when she first be-
importance of the nervous king about the town,
eased processes is becoming sometimes sleeping in
knowledge of the structures efore her admission she
manifests its action is exte her knees; soon after-
as a study *per se* is confin now all the joints are
it and its abstruseness h not move without pain.

The joints, especially the ankles are all swollen and red. She has an endocardial murmur, a murmur, I venture to say, heard with the first sound of the heart, and heard with the most intensity at the apex, being limited to a small area. Well these are points which go to show that she had rheumatic endocarditis either with this attack or with preceeding attacks. Why do I say either with this or with a previous attack? Why do I not positively connect it with one or the other? Because that point cannot be decided. We cannot tell at the time of examining the heart and during an attack of rheumatism whether a murmur which we hear is due to the present attack or to one at some previous time Of course, if we cannot hear a murmur at an earlier stage of an attack, and can at a later stage, we may say it is due to the present attack. They tell me this patient never had rheumatism before, but endocarditis, although it occurs oftener with acute rheumatism than with other diseases, will sometimes occur irrespectively of rheumatism, and we cannot have positive evidence that a rheumatic endocarditis is developed unless are enabled to say that we have examined the patient carefully at one time and found no murmur, and that after that time a murmur appeared. Such, then, is the history. The patient had an endocardial murmur and a temperature of about 102°, with an affection of all the important joints. She was treated at first with gr. xx of the benzoate of sodium every three hours, beginning on the 12th. On the morning of the 13th the temperature was 100.5°, in evening 102°. On the 14th morning temperature 102.5°, not noted in the evening. She was therefore under the benzoate treatment for two days. On the morning of the second day you notice that she had a higher temperature than when she entered the hospital. In this case also then we failed to obtain that speedy effect which some claim for the drug.

On the 14th the benzoate was discontinued and in its place gr. viiss of benzoic acid were given every two hours, the same remedy in a different shape. On the morning of the 15th the temperature was 100.5°, and in the evening 102°. There was a sudden change in the temperature; a fall of temperature. In the afternoon the benzoic acid was stopped and the salicylic acid given in twenty grain doses every three hours. To-day (16th) the temperature is 100.25°. What inference shall we draw from this case? It is like the other chiefly of interest by reason of the treatment. You will thus notice that the use of the benzoate of sodium for two days did not exert any effect upon the disease as measured by the temperature, and the next day when the benzoic acid was substituted for the benzoate there was a very considerable fall in the temperature. With these facts before us we must remember that the natural course of the disease is variable when no therapeutic agents are brought to bear upon it, and so we have to observe the effects of a remedy in a series of cases before we can reach any positive conclusion regarding its usefulness. The facts noted in connection with these two cases seem to render it very probable that we have here an agent which does exert some influence on the course of the disease, but that this influence is not to be compared with that attending the use of salicylic acid, or salicylate of sodium. These two agencies have, according to different authorities, when given in large doses, about the same very marked and prompt effect upon this disease. But here is a very important practical point in my mind, viz; we have no evidence that salicylic acid or its sodium salt diminishes the liability to the cardiac complication, except in so far as it shortens the course of the disease, so that it always seems best to me to include the alkaline treatment with the acid. I will mention in passing that I saw a case a day or two ago of acute rheumatism which was complicated by peritonitis. This is not a very common complication, but I observed its occurrence in one other case some years ago, the patient being in this hospital. In the private patient's case the peritonitis was marked, *i. e.*, had all the usual characteristics. It disappeared within two or three days, and then pericarditis came on. The friction murmur was very marked, but there was not much effusion. I have not seen the case for several days, but I infer that recovery is progressing.

“Malaria.”

Malaria delenda est.

EXTRACT FROM AN UNPUBLISHED LECTURE ADDRESSED TO THE GRADUATING CLASS OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF MICHIGAN BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

[NOTE.—This lecture has never been delivered, but the writer stands ready to deliver it whenever he is desired to do so. The attention of the Professors of the Medical Department of the University is respectfully invited to this extract which is a good sample of the whole.]

YOUNG GENTLEMEN: It is now nearly twenty-five years since I sat as one of a class where you are now sitting, about to receive the crowning honor of the curriculum, and heard the words of caution and advice which fell from the lips of a man who had grown gray in the service. It had fallen to his lot to have performed many of the toils, and to have received but few of the rewards of professional life. He has now gone to his final reward. He closed his address with this sentence: “Go forth, then, and glean in the fields of science, and bring your sheaves and lay them at the feet of your beloved Alma Mater.”

In pursuance of that behest I have done my devoir for nearly a quarter of a century, and return now bringing with me my sheaf to lay at the feet of my Alma Mater; and I present it too as the cap-sheaf until it shall be capped by some more valuable and important discovery in the field of medical science.

Before I proceed further I desire that the professors will please to be seated on the front row of chairs. (In compliance with this request the professors after a brief hesitation descended from the stage and ranged themselves in front of the speaker.) And now I wish to ask the class a few questions:

Do these gentleman here, the Professors, still teach that malaria is a poison of an unknown kind, generated in paludal regions and littoral districts by the action of the sun's rays on decaying vegetable matter; that it consists of spores or low vegetable organisms which are absorbed into the system and affect the blood?

Do they still teach this as a doctrine to be believed as an infallible utterance? (A voice: They do.) Then, gentlemen, I have to announce to you that there is no such thing. That malaria is a miserable lie, a cheat, a fraud, a humbug, a myth, a delusion. That no such thing or substance has existence save and except in the imaginations of those who teach and of those who believe the doctrine. There is absolutely no such thing as malaria *per se*. There never was and there never will be. No one has ever seen malarious spores nor ever will.

I presume that these gentlemen have taught you that the systems of human beings can be saturated with this poison, but that it will remain latent until circumstances occur favorable to its development; that the poison cannot ascend to the second story of a house, but will climb a mountain five hundred feet high, and have instructed you in all the other properties of this bizarre and erratic poison? (A voice: They have).

Miserable men! It is high time that a missionary had come among ye, for there is great need of his work in your midst. (The professors hang their heads. The students groan). You taught me these self-same errors, and I started out in my professional career fully prepared, as I supposed, to encounter this monster malaria. My first patient was a man who presented, as I conceived, a typical case, and I prescribed the regulation remedies. In a few days he returned and reported that he was feeling worse than before. (A laugh in the audience.) I convinced him that his trouble was malarial, and persuaded him to take some more of the same medicine. I did not see him again for some time but when I did I saw that he had completely recovered. On inquiring I learned that after taking my medicine a day or two without benefit, a neighbor had advised him to try “Snoozer's Bitters,”—one bottle of which had effectually cured him.

My next case of malaria was one that seemed just like the first, and I thought it a good opportunity to make some reputation. I procured a bottle of “Snoozer's Bitters,” and, adding a little something to disguise the taste and color, decanted it into another bottle and gave it to No. 2. (Sensation). The Code had no terrors for me then.

I anxiously awaited results. The next day No. 2 came back, brandishing the bottle in his hand in an excited manner.

“What's this?” he exclaimed.

I answered that it was medicine to cure him of his malaria.

"You're a —— of a doctor!" he ejaculated. "This is nothing but 'Snoozer's Bitters.' You can't fool me on that. I have a dozen empty bottles at home, and it does not do me a bit of good though I have been taking it regularly for a month."

He wanted his money back, but I am happy to state for the honor of the profession that he did not get it, and went away in high dudgeon.

Case No. 3 was a man who came to me in the spring time of the year, whose symptoms were decidedly malarial. I inquired minutely into his condition and announced to him that he was suffering from the effects of malaria.

"Malaria ! —— ! where would I get malaria?" he he asked.

I replied that he had been down into Egypt the previous fall and got his system saturated with the poison, which had remained latent all winter and was just now making itself felt.

"What is malaria, any way ?" he inquired.

I explained the theory of malaria to him and he scouted the idea.

"It is just a bug-a-boo of the doctors, and they use the term to conceal their ignorance," he said, and went away to consult another physician, who treated him, as I afterwards learned, for rheumatism.

These cases set me to thinking that there might be some mistake about the matter, and on studying it up I found that occasionally some physicians had claimed the view which I now take, but was overborne by what was called the weight of opinion on the other side, and which I have come to regard as the densest of stupidity, for after all stupidity is the great bane of the profession from the lowest to the highest.

A year ago I was in New York, and called on the Boss Conkling of medicine. I propounded to him a new theory of the congestive diseases, and he simply glared at me and swelled up as though too full for utterance.

"You infernal fool," I shouted, "I suppose you believe in malaria!"

He recovered sufficiently to ring the bell for his servant and have me shown the door. My last remark was injury as well as insult. His income was $60,000 per annum, and malaria brought him half of it. Believe in it! Of course he did with every fibre of his being.

It is a fitting climax to the simple use of the words *mal ær* by Lancisi in their proper sense—the meaning of which words has become broadened, widened, deepened and extended in every direction until in its modified form of malaria it includes everything almost that is unconjecturable in pathology—it is a fitting climax, I say, that his countrymen should have discovered the veritable thing itself and should have given it a name. And I presume these fellows here have taken up the story and retailed it with the due embellishment of their fancies until now you are perfectly familiar with the form, shape, size, and every attribute of *bacillus malariæ?* (A voice: They have !)

Wretched men ! Could you not at least have waited until you saw it yourselves, or must you, forsooth, copy and give currency to every pathological lie invented by foreigners ? Is it not enough that you foist upon us their bad therapeutics ? Ye are the high priests in this temple of Apollo! Formulate the truth in this matter and promulgate it. Get out of this rut !

To you, young men, I repeat the charge given to me : Go forth in the fields of science, and having gleaned your sheaf bring it and lay it at the feet of your Alma Mater. You can cap this sheaf of mine by formulating the condition which is now expressed by the term "malaria." Faugh ! it makes the mouth taste bad to utter it.

(By this time the Professors were hanging their heads low in silent sorrow. The audience respected their grief and withdrew, while the band played the Dead March.)

Note by the reporter.—That evening there was a funeral on the University grounds. A pit had been dug and into this each member of the class cast from one hand a volume, each written by a different author, in favor of the pernicious and detestable doctrine of *malaria*, and with the other he strewed the grave with a handful of printed words. These had been cut out of the text books wherever the words malaria, malarious and malarial had occurred in the pages. The ceremony of interment was closed by the speaker of the day, who said : Malaria ! In the name of Hygeia and Therapeia I exorcise thee from the minds of men. Avaunt ! Be gone and trouble them no more.

The next day there was visible in a conspicuous place upon the University ground a stone bearing this inscription :

SACRED

to the

PROGRESS OF MEDICINE.

Hic Jacet

MALARIA.

The monster in whose name so many have been slain has at last perished.

Erected by those who hold the doctrine in derision.

Mourned by the prophets.

At each side of this were smaller stones, one bearing the word "Malaria," and the other the word "Malarious." Its offspring had perished with it.

The Professors wore the usual badge of mourning. They had lost one of their oldest and best friends.

[This address seems to have been delivered.—EDITOR.]

Selections.

Belladonna.—Dr. Henry Colley March, in a paper entitled "Some New Uses of Some Old Remedies," read before the Manchester (England) Medical Society (*Medical Times and Gazette*, March 19, 1881), speaks as follows of the use of belladonna as a stimulant to respiration, particularly in cases of bronchitis in children: "Now, it seems to be precisely a stimulant to the respiratory centres that we need. The minute tubes fill up with a thin froth; the mucous membrane seems insensible to its presence; the child has not learned to cough; nervous symptoms threaten, and perhaps convulsions supervene. In such cases belladonna is a trusty remedy. To a six-months infant give one minim of the tincture every hour. Presently, if necessary, very slightly increase this quantity; but, as soon as the faintest improvement is manifest, reduce the dose lower and lower. The secretion into the tubes will be lessened, the cough will grow more frequent the head symptoms will subside. Some practitioners always give a patient as much of a drug as he will bear, short of his being poisoned. Surely the scientific plan is to administer as little as will produce the desired effect. The therapeutic action of a medicine such as belladonna is not the same as its physiological action, though both are expended on the same organs and on the same tissues. The dose, therefore, should be lowered before the production, or, at least, at the first sign of any special physiological effect. In the present case, the object is to stimulate a nervous centre. But over-stimulation ends either in spasm or in paralysis. We give, for instance, digitalis to slow the heart's action. If the dose is increased, the sedation is augmented. But presently a point is reached when, all at once, the cardiac beats become tumultuously rapid. The inhibitory fibers have been over-stimulated, and suddenly they are paralyzed. If, instead of this, the dose of digitalis be gradually lessened as soon as it has produced the desired sedative or tonic action, this may often be kept up with a surprisingly small quantity of the medicament. As regards tincture of belladonna in capillary bronchitis, there can be no ojection to combine it with small quantities of ipecacuan wine—to give them, say, in equal parts. Moreover, in chest affections, as in some others, it is often advantageous to administer ammonia, not exactly because it is a stimulant, but because it prevents hæmic stasis. There is a prevalent notion that diaphoresis is necessary in cases of high temperature or dry skin. Of course, when the skin is bathed in moisture, the evaporation that goes on in a sufficiently dry atmosphere considerably reduces temperature; and it is certainly true that perspiration is excrementitious, for this reason among others, that it contains urea. So that diaphoresis is of service when a patient is suffering from a cold, or from rheumatic pains, the result of checked perspiration. But we must all have seen cases of fever—typhoid, scarlet, and even rheumatic fever—that got easily well without any sweating at all, and, indeed, that often seemed to do better than others. Diaphoresis, however admirable in some respects, is an exhausting process, and is not even a cooling one if evaporation be hindered by abundant clothing. Is it not pitiful to see a child burning in the fever of measles or bronchitis, lying under a mountain of blankets, swathed in flannel, sandwiched in poultices, placed within range of a red-hot fire, and swallowing diaphoretics?"

Tacke (*Berliner Klinische Wochenscrift*, 1881, No. 6, quoted in *London Medical Record*, April, 1881), having injected sulphate of atropia subcutaneously for eczema in a female patient (1-200 grain twice daily for two days), noticed that the menses, which had been very profuse, became moderate and remained so. The same result he has seen followed five times in two other patients, and in a case of hæmorrhage from the lungs the hæmorrhage twice ceased immediately on the injection. He holds that as a remedy for visceral hæmorrhage it is preferable to extract of ergot: (1) on account of its certainty, and (2) because in the strength used by him (about 2 5 grain to an ounce of distilled water), it does not cause the inflammation which almost invariably follows the subcutaneous injection of extract of ergot.

In the *Norsk Nugazin for Lægevidenskaben*, III x, (quoted in *London Medical Record*, May, 1881), Dr. C. J. Ellefsen relates the case of a man, 48 years old, who had previously been healthy, but for seven days had had no alvine evacuation, and for the last two days had had feculent vomiting. The abdomen was distended and extremely tender; the extremities were cold; the pulse was frequent and very weak; no fæces could be found in the rectum. Various laxatives and enemata had been used without effect. He was ordered four centigrammes (about 0.6 grain) of extract of belladonna every hour. After he had taken five doses the vomiting ceased; and after five doses more he had a copious evacuation, and rapidly recovered, without any symptoms of belladonna poisoning.

In a summary of one of M. Jules Simon's lectures on infantile therapeutics, M. Caradce (*Tribune Médicale*, March 13. 1881) remarks that children bear belladonna as well as adults, that M. Simon has given as much as 120 drops of the tincture to a girl 13 years old, without harm, and that he usually carries the action of the drug so far as to produce incipient toxic effects—flushing of the face, dilatation of the pupils, and irratibility of temper; but in divided doses, enlarged progressively.

M. Anger (quoted in *Union Medicale*, April 14, 1881) applies compresses wet with a solution of sulphate of atropia (1: 1,000) to calm the pains of cancer. They should be covered with an impermeable fabric, and should be renewed every three or four hours. They give marked relief without producing general symptoms.

M. Guéneau de Mussy (*Ibid.*, Jan. 28, 1881) recommends a pill of one centigramme (1-6 grain) of extract of belladonna, just before meals, for the vomiting of phthisical patients.—*N. Y. Medical Journal.*

Chloral Hydrate in Obstetrical Practice.—Dr. H.-H. Kane, who has been giving a great deal of time and study to the use and abuse of the various cerebral sedatives, contributes a paper to the *American Journal of Obstetrics* upon the use of chloral in obstetrical practice.

As the result of much correspondence and search of the literature of the subject, he arrives at the conclusion that the use of chloral should be more general in obstetric practice than it has become. He asserts that the chloral when properly used in labor at full term has a three-fold action; first, to blunt sensibility to pain; second, to hasten dilatation of the womb; and third, to increase the force and frequency of the uterine contractions. He commends it as of special value in quieting the teasing preliminary pains that sometimes precede the commencement of normal labor by several hours or even days.

It seems to be established by the testimony of a number of the physicians whom he quotes, that with normal doses of chloral it is possible to produce as complete anæsthesia as is generally desirable in cases of confinement. In some cases almost complete anæsthesia has been produced, so that it was practicable to introduce the hand into the uterus without causing any suffering to the woman. Even Cæsarean section has been performed under the influence of chloral alone, by the Italian, Grandessi Sylvestri.

Almost all the practitioners who have communicated with Dr. Kane upon the subject have favored the use of chloral in obstetrical practice for the purpose of relieving the suffering of parturition. Dr. H. P. C. Wilson, of Baltimore, and some others, however, have failed to derive any benefit of it, and do not make use of it at all in their practice.

As to method of administration, Dr. Kane advises the exhibition by enema, and usually beats up the quantity of the drug to be administered with one or two raw eggs and a little warm milk; this is readily absorbed and causes no irritation. In cases where the drug is given after the expulsive pains are severe, it may be necessary to give it by the stomach, as it would be forced out of the rectum. He advises to commence with a dose of thirty grains and afterwards give fifteen-grain doses at intervals of an hour.

In conclusion, Dr. Kane formulates the following propositions:

1. Chloral may be employed in normal labor for the purpose of blunting sensibility, quieting nervous and hysterical manifestations, shortening labor and destroying pains.

2. In complicated labor it has three uses, *i*, *e*., (*a*) to relieve pain; (*b*) to hasten dilatation of the os uteri; and (*c*) to increase the force of the uterine contractions.

3. Chloral, even when pushed to the production of anæsthesia, does not destroy the force of the uterine contractions.

4. The alleged danger of post-partum hemorrhage has no foundation in fact.

5. In moderate doses it is never dangerous.

6. The slight delirium that sometimes occurs is ordinarily removed by a second dose and need cause no alarm.

7. It is rarely necessary to use more than ʒ j. in any one confinement.

8. It is best given by the rectum, the form of enemata of suppositories.

Additional testimony to the value of chloral, especially in the first stage of labor is given in the paper by Dr. Bribach, which we publish in this number of the *Courier*.—*St. Louis Courier of Medicine*.

A Method of Facilitating Version in Cases of Neglected Shoulder-Presentation.—In cases of neglected shoulder-presentation, I venture to suggest the following procedure, which, from practical experience, I have found extremely serviceable in many cases, and which, as far as I know, has neither been noticed in midwifery text-books, or practiced. That the operation of decapitation, now advocated, is attended with a good deal of difficulty, and has numerous drawbacks, will, I think, be allowed by many; therefore, in firmly wedged shoulder-presentations, I have proceeded as follows—premising, of course, version without evisceration to be impossible.

The child's arm having been brought down, a circular incision is made above the wrist or near the elbow, through the skin only. The wrist being grasped with one hand, the finger of the other is inserted into the incision, and, by a rotary movement made to flay the skin from the subjacent soft parts up to the shoulder. Still using the finger, the pectoral muscles are torn through, and the clavicle is broken either by hooking the finger over it, or, if it will not give way—which is unusual—the crotchet. The subcutaneous parts of the shoulder, including the scapula, the acromial end of the clavicle, and the humerus, with its muscles, can then be readily removed by traction—litttle force being necessary—through the sleeve of skin previously dissected. This having been accomplished, I have always found the subsequent evisceration and version rendered much more practicable, the upper parts of the child (the shoulder being removed and guarded by a smooth flap) ascending with comparatively little force. This method of removing the shoulder is unattended with the slightest risk to the maternal soft parts, is easily performed, leaves no open surface, and renders the subsequent removal of the child easier. In six cases attended by a brother practitioner and myself, we have been much pleased with the results; and I believe any of my professional brethren who give the method a trial will be equally pleased.—Donaldson, *British Medical Journal*.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Expert Testimony.

Having hinted in our last at the comparative worthlessness of medical expert testimony in determining the issue of any cause at law, and indicated some of the reasons why judge and jury are so little influenced by it, it remains to consider two very practical questions which press for a solution in this connection. The first is the question of the expert's recompense for the time spent and information given, and the second is the consideration of such a plan as may vest the testimony with some inherent value. It may be said in reply to the first question that the expert's testimony being so practically worthless, and having so little weight, the expert is in equity entitled to no remuneration. There is as much reason in this as there would be in refusing the physician a fee because his patient did not recover. The question must be determined from another standpoint than this. There are doubtless some in the ranks of the profession who, so far from regarding it as a hardship to be called away from their practice to testify in a court of law, without receiving a proper fee for the time spent and opinion given, consider themselves amply rewarded by the notoriety which they thus achieve. There are many who are even unseemingly anxious to testify, particularly in cases of public interest, for the advertisement they thus gain. We believe, however, that the number of such is small, and that the great bulk of the profession honestly regard it as an imposition that they should be thus called upon. This question has at intervals received considerable attention, the profession having been spasmodically aroused in reference to it, and the Supreme Courts of at least two states, Indiana and Alabama, having given decisions on it. As yet, however, there has been no decided conclusion reached thereon, the two judicial tribunals having given opposing decisions. The question is, therefore, as yet debatable, and it would seem necessary and proper that a decision on it should be wrung from the supreme court of each state.

On behalf of the profession we would urge that it is a violation of individual right to deprive a man of his property. This is not disputed by any, and a physician's property, his very stock in trade, is the knowledge he has spent his time and money to acquire, and which the court requires of him. He claims no exemption on the ground of being a physician, but it is, to say the least, unfair, that the fact of his being versed in medicine should expose him to a peculiar liability to be summoned as a witness in trials at courts of law. The general principle of evidence before a legal tribunal is that the witness shall testify only to facts bearing on the case, facts of which he is personally cognizant through the evidence of the senses. In the interests of justice it is a wise provision of the law that all men, regardless of position in society or business or professional relations, may be summoned to testify on questions of fact, receiving for the time spent at court but a nominal fee. It is a hardship, however, that the expert should in addition to this common liability be liable to be summoned to contribute his time and opinions based on knowledge attained by special study and all without recompense. His opinions are valuable to him as a source of income and livelihood, and in giving them in the interest of justice he is really giving professional service rather than legal testimony. This is the view of the matter taken by the great bulk of the profession, and is that upon which the supreme court of Indiana based its decision declaring that the medical expert is entitled to extra remuneration for such testimony as involves a knowledge peculiar to his profession. The supreme court of Alabama, however, has given a decision just the reverse of this, and its opinion is more in accord with that which the laity are wont to entertain on the question. The following is the opinion of the court:

Maning, J., delivering the opinion of the court, says: "The same principle which justifies the bringing of the mechanic from his workshop, the merchant from his store-house, the broker from 'change, or the lawyer from his engagements, to testify in regard to some matter which he has learned in the exercise of his art or profession, authorizes the summoning of a physician or surgeon, or skilled apothecary, to testify of a like matter, when relevant to a cause pending for determination in a judicial tribunal. And if in a prosecution for murder it was proved that his supposed victim had, a short time before his death, drank something which he had received from the accused, and a chemist had analyzed the liquid; and testified what substances it contained, and a physician was summoned to prove what effect they would have when taken into the stomach of a living man, and what would be the symptoms of such effect, no court would be excusable in exonerating the physician from giving such evidence, solely on the ground that it would be a professional opinion for which he had not been paid, or received a promise of payment. In so testifying he would not be practicing the healing art; he would, like the merchant, or the lawyer, or the mechanic, before referred to, be deposing only to those things which he had learned in the course of his occupation or profession, or of the preparation for it, and the disclosure of which to the court would conduce to a correct understanding of the cause before it. His testimony would concern the administration of justice, and of him as of the other witnesses, it could be justly claimed by the public as a tax paid by him to that system of laws which protects his rights as well as others."

These are the only two states as far as we are aware which have given a final decision on this question. It is unfortunate that the profession of the other states should be in doubt as to their legal rights in the premises, and it seems to us that each state society should take steps to bring the matter to an issue. Physicians every day submit to what they consider an imposition simply because of their uncertainty as to their legal rights.

Pending the final decision of constitutional authority in each state, the profession in each state have it in their power to save themselves the annoyance and imposition indicated. As intimated in our last it is a very rare thing for an expert to be summoned without having previously had an interview with the attorney of the party to the suit who desires his opinion. The law cannot compel him to converse with this gentleman on the subject neither can it compel him to examine any case, nor to sit in court and listen to and consider the testimony of other witnesses which is sometimes necessary before he can give an opinion. A refusal on his part to do what he cannot be compelled to do, without fee, would lead to very material reform as far as professional rights in courts of law are concerned. But this reform would only affect the physician as an individual; what is necessary in order to work such reform as will at the same time lead to a more effectual administration of justice in so far as such administration is dependent on the testimony of the expert? The answer to this is deferred until our next.

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The President.

The condition of the president has, with the exception of the slight drawbacks incidental to any severe traumatic injury, been steadily improving since our last, until he has now been pronounced out of danger. The grounds for such a positive and favorable prognosis are not so much the symptoms, although these could scarcely have been more favorable, as the fact that the bullet has been definitely located, and its course clearly traced. It has finally been shown that the liver was not injured, not even "scratched" (Bliss), and that the cavity of the abdomen was not entered. On striking the rib the missile was deflected in its course, and plowed its way in the abdominal wall, and lodged where it has now been found to lie, in the right hypochondrium at a point about five inches to the right and below the umbilicus. This is the point which was the seat of considerable ecchyonosis soon after the shooting. Its final positive location at this point was determined by means of an induction balance designed by Prof. Bell. "This instrument consists of two flat coils about four inches in diameter, and one-half an inch in thickness, of insulated copper wire, a battery, a condenser, an interrupter, and a telephone. The ends of the primary or inducing coil are connected with the poles of the battery, and in the same circuit are a condenser and a small interrupter, whose vibrating tongue opens and closes the circuit with great rapidity. The ends of the secondary coil, in which the current is to be induced, are carried to the binding posts of a Bell telephone. When the connections have all thus been made, the secondary coil is laid on the primary or inducing coil, so that their respective circumferences exactly coincide. The circuit-breaker is then set in motion, and the rapidly interrupted current through the primary coil induces another current of higher intensity in the secondary coil, and as it does so a loud musical tone is heard in the telephone, with which the secondary coil is connected. As long as the current is maintained, and the circumferences of the two coils are kept in exact coincidence, the musical note in the telephone does not change its pitch or intensity. If, however, the experimenter slides the upper coil along an inch or so upon the lower, so that their circumferences no longer correspond, the intensity of the musical tone is diminished, and just in proportion as the centres of the flat coils are separated by a greater or less distance, the intensity of the musical tone is lessened or increased. When the upper coil is pushed over the lower so that they simply overlap, the centre of one corresponding nearly with a point on the circumference of the other, the musical tone in the telephone ceases. If the upper coil be pushed a little further to one side, so that it overlaps still less, the tone is again heard. By delicate manipulation it is possible to adjust the centres of the overlapping coils at such a distance one from the other, that a perfect balance is brought about, and when this is the case the telephone makes no sound whatever. The centres of the overlapping coils cannot then be moved either toward or away from one another without causing the telephone to break its silence. When the coils are thus balanced and the telephone is mute, it is found that what may be called the area of coincidence, or in other words, the area of the overlapping parts of the two flat coils, has become highly sensitive to the approach of metal, and manifests its sensitiveness by a low note in the telephone. As long as metal is kept away from this area, the telephone remains silent; but if a piece of lead, for example, is brought within a distance of four or five inches from the overlapping parts of the coil, there may be heard in the telephone a faint, but clear perceptible note, which becomes louder and louder as the metal approaches the sensitive surface and throws the coil more and more out of balance.

Experiments have shown that a leaden bullet will excite a musical tone at a distance of between one and five inches, depending on the shape and size of the bullet.

In every case a very low musical tone was produced when the instrument was placed over the region of the abdomen indicated above. And nowhere else was the noise excited."

An important question for the surgeons now to determine is, what had best be done with the ball. Probably the best thing that could happen would be for it to become encysted. This may possibly happen, but should it not, there can be little danger should its presence at any time give rise to undue disturbance, in cutting down and removing it. Probably if the president were an ordinary patient, or a common soldier, this operation would already have been performed.

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Quebracho.

It is the dream of the therapeutist to have a remedy which shall be suited to each disturbed condition of each particular organ. Specific medication, however, is a delusion which becomes more patent as the knowledge of medicine advances. The animal organism is not a conglomeration of independent sections, each acting without reference to the rest, and capable of being influenced by agents whose action may be confined to it alone. Yet, notwithstanding this fact, physiological experiments and therapeutic observations have demonstrated that certain agents have a special determination in particular directions, influencing different systems (nervous, vascular, etc.), and manifesting a preference for different portions of these systems. While, therefore, it is necessary in assuming charge of a case to scan the whole field, and to bear in mind the close sympathy pervading the whole, we are nevertheless able to exert a special influence in individual directions. This fact in practical therapeutics has recently received a pointed illustration in the case of quebracho. It was claimed for this agent, on the strength of physiological experiments conducted by Penzoldt, that it would prove a valuable remedy in the treatment of pulmonary and other affections interfering with respiration and aeration of the blood. A remedy which will do this is certainly a desideratum in medicine, and if a practical test of quebracho shall show the claims for it, predicated on the results of physiological experiments, to be true, it will prove to have been the most valuable of the many valuable additions to the materia medica of late years. Sufficient evidence has already been advanced to show that these claims have a quite substantial foundation, and to justify more extended trials in the hands of the profession.

It has been charged against new remedies, so-called, and we will not say without some reason, that the testimony to their value is too largely from crude and unqualified observers, who, unable to discriminate between effect and cause, are too apt to attribute to the remedy results which should rather be accredited to the inherent tendency in nature to set herself aright. In the case of quebracho, however, this charge cannot be so truthfully made. It has received the attention of some very acute observers, whose testimony all tends to establish the value of the drug. The most recent report on it is by Prof. J. M. Da Costa, of Philadelphia. We give the following extract from a clinical lecture by that gentleman, as reported in the *College and Clinical Record:*

"Now, gentleman, we have made a diagnosis here of emphysema, dilatation of heart as a complication, with a certain amount of bronchitis, chronic in character. As regards treatment, first let me say that she has had all kinds of cough mixtures, but without effect; and among them muriate of ammonia, which seemed to answer best; but shortness of breath annoyed her so much, that I determined to use here a remedy introduced within the last year to the profession, called quebracho, of which she took of the fluid extract ten drops four times a day, though less at first, and she herself believes, as she says, that is has done her a great deal of good. In the cases in which we tried it in the men's wards, for oppression in breathing, where the heart complication was greater than here, it did no good. It has lately been used for dyspnœa, without any especial relation to the cause of the dyspnœa. It comes from South America. In cases of emphysematous dyspnœa it has an especial advantage, as in the present case. It is also claimed that heart complications may exist; and this remedy, in the shape of the tincture or fluid extract, will have an influence upon the dyspnœa, especially of cardiac asthma, although I have not used it long enough to fully confirm this. I have not, in truth, seen any decided effect upon the heart complications; but it relieves the symptoms of emphysema with heart complication. I show you this patient to-day very much improved, and tell you that she has derived more benefit from this than from any other remedy since she has been under our care."

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Miscellany.

COITION IN PREGNANCY.—Theophilus Parvin, M. D., in *American Practitioner :*

"Popilia, when reminded that pregnant animals did not permit the approaches of the male, frankly replied, "It is because they are brutes."

Undoubtedly abstinence from coition, once the design of this function has been accomplished, is the law of nature. Ought the human race to accept this law as governing its action ?

Recent obstetric writers are generally silent upon the question ; occasionally some half-breed—borrowing a term from Albany—writing medicine for the mass, sustains the negative, often qualifying the permission to indulge with certain cautions ; but upon the whole there seems a tacit consent for the laity to settle the question as, guided by wise reason and kind sympathy on the one hand or by blind instinct and ungoverned passion on the other, they choose, just as my good friend the late Dr. M. B. Wright once said to me, "We must leave these matters to regulate themselves."

Yet our great master Hippocrates thought that women who abstain from coition had easier labors; Galen dwelt upon the liabity to abortion from this cause at certain periods of pregnancy, the fruit more easily detached when more tender and when approaching maturity, so that the Christian Fathers had good authority for their injunction of continence in the early part and toward the end of pregnancy.

The older obstetricians of modern times did not think the matter unworthy of or improper for their consideration. Thus Mauriceau forbade intercourse in the first few days following conception and in the last two months of pregnancy. Dionis, the frank, honest fellow, criticised his reason and condemned his rules; concluding in these words: "I shall add that Mauriceau made his observations from himself, for though married forty-six years he did not have a single child. For my part, I have a wife who has been pregnant twenty times and has given me twenty children born favorably at term, and I am persuaded the caresses of the husband do no harm." Gardien, whose contribution to obstetric literature is one of the most valuable and interesting of the century, devotes considerable space to the subject, and in the course of his remarks says, "It probably would be more prudent to abstain from using the rights of marriage from time that pregnancy is certain up to the end of lying-in."

The fact that abstinence from sexual congress in pregnancy is the common rule of animals is certainly a strong argument in favor of urging similar abstinence on the part of men. In addition it may be truthfully asserted that the pregnant woman has as little desire for coition as pregnant females of lower orders; nay, oftentimes utterly abhors while submitting, for she is less protected by power of escape.

Furthermore, practitioners are sometimes told by innocent husbands—more rarely by wives who so often suffer in silence—that intercourse causes the latter great pain.

Finally, this is a frequent cause of abortion; at least one half of the cases of what is termed spontaneous abortion probably are thus produced. Summing up the arguments* in the affirmative of the question, it may be stated that coition in pregnancy is unnatural; so far as woman is concerned, it is generally odious, often painful; and in regard to the newly-created being, frequently murderous.

What can be alleged on the other side? The peace of families and the chastity of husbands are secured by the indulgence. But suppose men were trained to believe that such indulgence is wrong, injurious to others and to themselves, would their amiability and chastity require to be purchased by a momentary pleasure? Would they not rather learn to subdue and rule this otherwise imperious passion? If Newton, Kant, Fontanelle, and Beethoven could live their many honored years with no indulgence of sexual passion, surely other men might abstain a few months without injury!

This ungoverned passion of man is prolific of evil, and, like producing like, the father who has never learned self-control may give his son not only form and feature, but the germ of the same fierce, clamorous desire, which in its full development will prove a heritage of woe to that son and to others. That which polite language veils under the designation of *social evil*, and which desolates so many happy homes and brings its quick black harvest of misery, remorse, disease, and death, chiefly lives because man does not know aright, does not duly reverence and honor woman, and keep in subjection that which may become one of the master-passions in his heart, and is thus continued from generation to generation.

Surely prospective motherhood, woman within whom proceeds the evolution of the marvelous mysteries of creation, should be reverenced, is worthy of all kind and thoughtful consideration, and ought to have thrown around her all protective care. The woman who has conceived is *enceinte;* that is, ungirdled—in allusion to the ancient custom of laying aside the girdle when pregnant and placing it in the temple of the gods—at once a preparation for the enlargement of the abdomen and a seeking divine protection. Let her not fail of all human care while in this condition. Nature then offers unto man invitation and opportuniy to subordinate passion to reason, to conscience, to will, to a higher love, and thus raise himself above himself. A sensual age claims for coition facilitating parturition; and the most sensual of husbands finding their wives pregnant very much against their wishes and in spite of the devices of conjugal onanism, will claim that they can now indulge freely and without fear, for matters can be no worse!

We do believe that intercourse in pregnancy has nothing to commend, nothing to excuse itself unto wise men, and that virtuous abstinece on the part of the husband will be a blessing both to him and his wife and to their posterity.

It may be objected that the abstinence here advocated contradicts almost universal practice—a practice that frequently brings on evil. But how do we know it has no injurious results? Admitting that the wife may, in the majority of cases, not patently suffer—have no miscarriage, no pain no nausea and vomiting increased or excited thereby—is there no violence done to the finer elements of a refined womanly nature? Does such a woman cheerfully accept it as the way of all, like Hiero's wife, who never perceived her husband's offensive breath, imagining it was common to all men? It seems that there might follow some lessening of mutual love, respect, reverence.

So far as the husband is concerned, he learns no lessons of self-control, attains no self-mastery in this regard, and mars that ideal manhood which in better hours and with nobler aspirations he seeks to attain. He will be quite ready in such hours to adopt, as applicabie to the act, the concluding clause while he may reject the first, of the following extract Browne's *Religio Medici:* "I could be content that we might procreate like trees, without conjunction, or that there were any way to perpetuate the world without this trivial and vulgar way of coition. It is the foolishest act a wise man commits in all his life, nor is there anything that will more deject his cooed imagination when he shall consider what an unworthy piece of folly he hath committed."

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*It is highly probable that in many instances both the leucorrhœa and nausea and vomiting of the early months of pregnancy are greatly increased by coition. Cases have been observed where the nausea and vomiting did not occur at all, or only in a slight degree, if the husband was absent during the pregnancy; while in other pregnancies, he being at home, these symptoms were most distressing.

As to the other objection, no matter how universal a practice is, if it be wrong at least endeavor to point out the wrong. Whether I judge from observation, from the great doctrine of evolution which so fascinates the age, or from the power of divinely-revealed truth, the conclusion always is that the world grows better, and that a wiser, higher, happier, nobler generation will one day possess the earth. Each evil pointed out, each wrong discovered helps the progress to that day, although it may be long before the evil and the wrong cease. Meantime it is a great mistake to accept a popular vote as the criterion of wisdom and right.

Possibly physicians are too reticent in regard to sexual relations, do not consider as fully as they ought the connection of these with human health and happiness, and give that instruction to the people which is so much needed in regard to such relations. Believing this, I can say in the words of Montaigne, "I know very well that few will quarrel with in the license of their own thoughts."

This may be the voice of one crying in the wilderness, but even in the wilderness many heard. If only truth be uttered it one day will be heard and heeded by some, and when heard and heeded will multiply itself a thousand fold.

Female Doctors.—The London *Lantern* is by no means a rival of the *Lancet* as an authority on strictly medical questions. This fact, however, does not prevent it from having views. Its opinion on the question of woman in medicine is based on a view of the question not much dwelt on by more eminent medical and medico-ethical authorities. We present it as a piece of pleasant reading:

"This is a subject we approach with great trepidation. We admit that; but the programme we announced in the first issue of the *Lantern* must be fulfilled. We therefore characterize the steady increase in the number of female doctors as an alarming sign of the times. We set our face against female doctors, and shall continue to do so until age compels us to resign our functions. If the female doctors were limited to one or two, we should not feel so much exacerbated, but as they are multiplying in all parts of the kingdom, duty impels us to come forward and protest against the innovation, and in so doing we will give a few reasons why female doctoring is not likely to prove a paying business.

"In the first place, if female doctors are to seriously doctor anybody, it must be women, and we strongly suspect that, as a rule, women prefer male doctors. On the other hand, a man, if there was nothing the matter with him, might call in a female doctor; but if he was sick as a horse—and when a man is sick, he *is* sick as a horse—the last thing he would have about would be a female doctor. And why? Because, when a man wants a female fumbling around him, he wants to fell well. He doesn't want to be bilious, or feverish, with his mouth like a furnace and his eyes bloodshot, when a female is looking him over and taking an account of stock. Of course, the coming female doctors will be all young and good-looking, and if one of them came into a sick-room where a man was in bed, and he had chills, and was as cold as a frog, and she should sit up close to the side of the bed and take hold of his hand, his pulse would run up to a hundred and fifty, and she would prescribe for a fever when he had chilblains. Then if he died she could be arrested for malpractice. A man who has been ill and had male doctors, knows just how he would feel to have a female doctor come tripping in and throw her fur-lined cloak over a chair, take off her hat and gloves and throw them on a lounge, and come up to the bed with a pair of marine-blue eyes, with a twinkle in the corner, and look him in the face and ask him to exhibit his tongue. Suppose he knew his tongue looked like a Turkish towel, do you suppose he would want to run out five or six inches of the lower end of it and let that female doctor examine it? Not much. He would put that tongue up into his cheek and wouldn't let her see it for half a guinea admission.

"Then again, we are under the impression that male doctors sometimes put their hands under the bed-clothes and feel of a man's feet, to see if they are cold. If a female doctor should do that it would give a man the cramps in the legs. It would make a man worse—much worse, and he would want to get up and kick himself for employing a female doctor. Or, suppose a man had heart disease, and a female doctor should want to listen to the beating of his heart. She would lay her left ear on his left breast, so her eyes and rosebud mouth would be looking right in his face, and her wavy hair would be scattered all around there, getting tangled in the buttons of his night-shirt. Don't you suppose his heart would get in about twenty extra beats to the minute? Rather! And she would smile—we bet a fiver she would smile—and show her pearly teeth, and her ripe lips would be working as though she were counting the beats, and he would think she were trying to whisper to him, and —. Well, what would *he* be doing all this time? If he was not dead yet, which would be a wonder, his left hand would brush the hair away from her temple, and just stay there to keep the hair away, and his right hand would get sort of nervous and move around to the back of her head, and when she had counted the heart beats a few minutes and was raising her head, he would draw the head up to him and kiss her once for luck, if he was as bilious as a boiled owl, and have her charge it in the bill. And then a reaction would set in, and she would have to fan him, and rub his head till he got over being nervous, and then make out her presciption after he got asleep. No; a man's symptoms change completely when a female doctor is practising on him, and she would kill him dead.

"The *Lantern* is a woman's rights paper, and believes in allowing women to do anything that they can do as well as men, and is in favor of paying them as well as men are paid for the same work, taking all things into consideration, but it is opposed to their trifling with human life by trying to doctor a total stranger.

"That is why we are sternly opposed to the innovation, and, as we said before, we will set our face against female doctors until we are old and toothless."

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INTERNATIONAL ENCYCLOPŒDIA OF SURGERY.—Messrs. Wm. Wood & Co. are out with an announcement of what promises to be a great work on surgery viz., a cyclopœdia of surgery, being a systematic treatise on the theory and practice of surgery by authors of various nations. It will comprise six volumes, royal octavo, and will be abundantly illustrated with chromolithographs and wood engravings. The following is a list of the contents of the volumes :

Vol. I. History of Surgery, General Surgery, Operative, Minor, and Plastic Surgery, Amputations.

Vol. II. Injuries and Diseases which may occur in any part of the Body. Venereal Diseases, Injuries and Diseases of various tissues of the Body.

Vol. III. Injuries and Diseases of the Nerves, Bloodvessels and Bones.

Vol. IV. Injuries and Diseases of the Joints. Excisions and Resections. Treatment of Deformities. Injuries and Diseases of various regions of the Body.

Vol. V. Regional Surgery continued.

Vol. VI. Regional Surgery concluded. Appendix. General index to the whole six volumes.

The authors who have been engaged for this great work comprize the names of the recognized leaders in surgery in Europe and America: Gross, Van Buren, Agnew, Ashhurst, Andrews, Sims, Hodgen and others in this country; Bryant, Cheyne, Bellamy, Barwell and others in England; Verneuil, Nicaise, Ollier and Duplay, in France; Volkmann and Kraske, in Germany; Stricker in Austria. If any other guarantee than the reputation of the publishers were needed to satisfy the profession of the nature of the forthcoming work the names of the authors here given is sufficient.

The first volume will appear during the coming autumn, and the subsequent volumes will issue at intervals of about three months. The prices will vary with the style of binding; $6.00 per volume, in cloth, $7.00 in leather and $8.00 in half morocco, with marbled eges. The work will be sold only on subscription, and the profession in this State will receive a call in due time from Mr. Judson, who is already too generally and favorably known to make any introduction of him necessary. The plan of the work shows it to be a library in itself, and it will have the additional merit of being brought right down to present times.

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The *Ohio Medical Recorder* is no more. Dr. J. F. Baldwin, its life, who is secretary of the Ohio State Medical society has left it to assume charge of the *Ohio Medical Journal*, a new venture established by the state society as an organ. On the new journal Dr. Baldwin has associated with him Drs. Lowman, of Cleveland, Minor, of Cincinnati, Collamore, of Toledo, and Conklin, of Dayton,—all veterans. The initial number is very creditable, notwithstanding its editorial department, which, considering its imposing corps of editors, is remarkably unimposing. Monthly; $1.00 a year; Cott & Hann, Publishers, Columbus. If an organ will succeed in making the Ohio State Medical Society something of which the profession of that state need not be positively ashamed, it will be charity well bestowed for the Buckeye doctors to send in their dollars.

According to the *Arkansaw Doctor* there is as much human nature out there as there is east and north. It tells of a doctor who has sued for a divorce from his wife on the grounds of cruel and inhuman treatment. He has a large practice and is consequently out a good deal nights. Madam, however, wickedly refuses to believe that his absences, from home were professional and demanded that he should stay in nights. He very properly refused, stating that his clientele would not stand neglect. She with true feminine ingenuity resorted to the practice of taking poison at nightfull, thus making it necessary for the doctor to stay in to evacuate her and administer antidotes. On one occasion the silver cord was almost snapped, and the long suffering husband thinks the law should relieve him of his too affectionate and jealous spouse.

A very unusual controversy is going on between the two well-known medical publishing houses of Henry C. Lea's Son & Co., and Wm. Wood & Co., publishers respectively of an Americanized edition of Holmes' Surgery and the International Encyclopœdia of Surgery. Our readers will be waited on by the representatives of each of these houses in the interests of the publications named. Our advice under the circumstances is for them to subscribe for both works. The more progressive of the profession will probably do so, the works not necessarily duplicating each other and the terms of payment for each being so favorable.

Spain, is reported to have risen up against the Buchananites. A recent royal mandate prohibits the practice of medicine and surgery on the part of those who hold the bogus diplomas issued by Buchanan. Cuba seems to be particularly infested with this class of practitioners. This action of the effete monarchy is condemned by the sentiment of free and enlightened citizens of such commonwealths as Michigan, for instance.

Some one sent *The Therapeutic Gazette* a copy of the revised edition of the New Testament, and friend Brodie undertakes to review it. He regrets, however, at the very onset, the lack of time which prevents him from making a comparison of the text with the original Greek, but freely admits that the copy is handsomely bound in Morocco with gilt edges. He commends the work very highly and advises his readers to secure a copy. "No physician's library is complete without a copy" of the revised, and Bro. Brodie's word on such questions, is authority.

The beautful nursery conceit that the sweet smile of the slumbering infant is caused by the whisper of an angel into its ear, is destroyed by the revelations of unemotional science. Dr. Charles Bell attributes the smile to reflex muscular action due to intestinal flatus, the rotation upwards of the eyeballs and the tremulous movement of the lips being due to a far different cause than a communication from the unseen world. Moore's "Angel's Whisper," in his Irish Melodies, will hardly bear such materialistic handling.

The "intelligent" compositor and the "careful" proof reader made *rara "avis"* in our editorial on expert testimony in last NEWS reads *rara "vasi."* Their excuse that the letters are all there but were unfortunately transposed, though but a plausible subterfuge, was the only thing that saved them (compositor and proof reader) from a sudden and violent transposition to another state. May their narrow escape prove a warning. There is a limit to endurance and when that is passed there will follow a terrible retribution.

We have received a copy of the catalogue of their publications, presented by Messrs. Wm. Wood & Co., to the delegates to the International Medical Congress at their session in London on the 2nd and 9th inst. inclusive. It is probably the most elegant thing of the kind ever issued. The catalogue is prefaced by a short biographical sketch of this remarkably enterprising firm, copied from the N. Y. *Evening Post*, from which we learn that it dates its beginning from the year 1804.

Mr. Addison in the house of commons, three times attempted to make a speech upon a pending question, and each time stopped after uttering the words, "Mr. Speaker, I conceive." A witty member after the third attempt arose and remarked: "I regret exceedingly that my friend has conceived three times and has yet brought forth nothing. It is a manifest case of false conception."

A physician located in a village of 500 inhabitants on the line of a railway, in Michigan, and surrounded by a good farming country, wishes to dispose of his practice and property. The latter consists of a house constaining ten rooms, an office, good outbuildings, good well, etc. For further particulars address Dr. C. B. W., in care of this office.

Medical Press and Circular: In other departments surgical ingenuity is strained in its sublimest heights by the invention of steam engines for the destruction of hypothetical entities, and the modern surgeon, like the high priest of old, performs his thaumaturgy amid a cloud of incense and an abominable smell.

Holmes: "If a doctor has the luck to find out a new malady, it is tied to his name like a tin kettle to a dog's tail, and he goes clattering down the highway of fame to posterity, with his æolian attachment following at his heels."

A doctor who had continued his visits on a wealthy lady for an inordinate time after convalescence had set in, was somewhat surprized one day, at being told by the servant that madame could not see him that day as she was ill.

The literal translation of the Fiji equivalent for physician is "carpenter of death."

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Original Articles.

A Case of Hemiplegia.

A CLINIC HELD AT THE PENNSYLVANIA HOSPITAL BY PROF. J. M. DACOSTA, M. D., PHILADELPHIA.

This man is 35 years of age, and an Irishman by birth. He is a bar-tender by trade. He tells us he was formerly of very intemperate habits. During the past five years he has been subject to peculiar attacks, in which he has become suddenly unconscious, and has remained so for several minutes at a time. He stated, or rather his friends told us when they brought him here, that he had never had convulsions, or exhibited convulsive movements, and had never frothed at his mouth.

Thirteen days prior to his admission, which was in October of 1880, while apparently in good health, he fell to the floor unconscious, and remained so for some ten minutes. When he regained consciousness he was entirely unable to speak. His wife says that his right arm and leg were paralyzed, but that his condition subsequently improved. When the man was admitted to the wards we noticed considerable muscular rigidity in the right arm and leg. He moved his right leg as if it were an artificial member, bringing his heel down stifly with the toes extended. The arm also could be moved voluntarily, but it remained in any position in which we chose to fix it for several minutes just like an automaton. The grip of the right hand was impaired—was, in fact quite feeble.

As regards the patient's sensation, we found that it was markedly impaired all over the body, the right side a little more so, perhaps, than the left. You may say that this statement must be received with some doubt, that we have to depend entirely as regards the question of sensibility, upon the patient's answers, and that the man's condition is not such as to warrant us in placing any great reliance upon facts for whose demonstration his concurrence is necessary. In this you are largely right; still, however, I think you may receive as a well-proven fact the statement that the man's sensation is duller on the right than on the left side of the body. During all this time he has not spoken. You notice that the expression of his face is quite vacant and confused. All the while that I have been telling you the particulars of his case he has been accompanying my remarks with confirmatory nods, which may not be regarded, perhaps, altogether as signs of an intelligent understanding of what we have been discussing; still he takes cognizance of the most part of what is going on around him.

To go still farther into the case, there is a very doubtful history of specific disease. Indeed, in summing up all the evidence, I am inclined to think that there has not been any specific disease. Still, I will leave the question open. The urine has been carefully examined and found to be acid, pale, cloudy, and with a specific gravity of 1010. At times there was a very small amount of albumen found in the test glass, but as the most recent analysis has failed to reveal its presence, we must conclude that the albuminuria was but a temporary phenomenon. The electro-muscular contractility of the right side of the body is impaired. It moves, but not so freely as the left side of the body. The faradic current, however, elicits a ready response.

His intelligence is very evidently impaired, but it is not gone. There is nothing like idiocy. You may, perhaps, think that this statement has not been very decidedly proven by my questions and his wavering answers this morning, but it has been confirmed by repeated observations made in the wards, which have shown that it is not so much a confusion of his ideas as a lack of keenness and accuracy in the man's grasp of them. He is unable to express himself because he has lost his speech and not because he is an idiot in any sense of the word. This point has been further tested in the wards by the use of the battery. It had been thought that it might be an instance of idiocy, consequent upon dementia from alcoholism—in other words that it was a case of alcoholic dementia with paralysis. For the purpose of testing these points we applied a strong current to the man's skin by means of the electric brush. Such an application as you all no doubt know, gives rise to great agony, such pain that nobody can hold speech. It is the best method in our hands for detecting malingerers. Yet, although the expression of the patient's face showed that he was suffering great pain not a single word escaped from his lips. We thus established our diagnosis of the existence of actual aphasia.

I have already called your attention to the doubtful history of syphilis in the case, but have, at the same time, declined to consider that history as authentic. There is no history of malaria and no history of heart disease; no murmur, no dilatation. The kidneys are in good order. Occasionally there is a little albumen in the urine, but it is a very inconstant phenomenon. His eyes have been examined with the opthalmoscope, and the evidence is entirely negative; there is no distinct alteration. This examination has been rendered very much easier by the fact that the man's pupils are constantly dilated.

Examination and investigation show us that our patient has plainly lost the power of expressing his thoughts in writing. There is no crippling of the hand. The patient tries his best to write, but cannot. I judge that his memory of words is lost to a large extent, so that generally when I have mentioned a word to him he has not understood it. Perhaps I had bettter modify my statement and say that his memory for words is comparatively but not altogether lost. I have, by means of these examinations, established a number of facts you see. You will have noticed that the disease came on suddenly. The acute stage was, it is true, preceded by temporary insensibility upon several occasions, but the attack which brought the man into the hospital was, nevertheless, a very sudden one, and when we come to enquire into the cause of such sudden attacks, we find that they are always the result of an apoplexy. In the present case, then, we would say there had either been (1) an apoplexy in Broca's speech centre, or (2) that an embolus had been arrested there, or (3) that there had been a sudden clotting in the vessels of that region—in other words what might be called a thrombus. This last supposition we can dismiss at once, because the condition is a very rare one, and because, when it does happen, there are always marked convulsive movements present, and the hemiplegia is less marked than we find it to be here. Which of the other alternatives do I fix upon? I think that we have here an apoplectic clot, caused by the breakage of degenerate atheromatous vessels. I think that this clot is small, and is limited to the centre of speech. I give this opinion because (1) of the sudden, marked attack of unconsciousness, (2) by reason of the hemiplegia; and (3) on account of the absence of any symptoms of disease of the heart, which, were they present, would favor the theory of an embolic cause for the attack, just as their absence is a strong argument against it.

Is this all I have to tell you regarding the case? No. The clot has been followed by slow tissue changes—in other words, by local softenings; for, if the formation of the clot had not been followed by such sofening, we should not have had the impairment of intelligence noted in this case, nor the persistent loss of the power of articulate speech. To sum up, then, we have a case of aphasia, in the broad sense of the term, as a result of the formation of a clot in Broca's region of speech—the posterior part of the third frontal convolution on the left side—and the clot has been followed by subsequent softening of the surrounding parts.

This brings us to a consideration of the right sided hemiplegia present. Is right sided hemiplegia common in cases of lesions involviong the left anterior frontal convolution of the brain? It is very common—is, in fact, the rule, and a rule which has but very few exceptions. In this respect, then, the present case has been a very typical one. There has been something very peculiar about the loss of power in the present case. At first this loss of power was complete, then the paralysis diminished; but, even at this comparatively late period in the attack, the grasp of the man's right hand is very feeble. This paralysis was soon followed by rigidity and spastic contractions of the muscles of the right arm and leg when put into motion. This tendency to rigidity is not so marked in the leg as the arm. The man can work the fingers of his right hand, but, when I hold the arm out at length and then let go my hold suddenly, instead of falling the arm stays rigid for some time in the same position, like an automaton's or a cataleptic's arm. I want to call your attention in particular to this point of difference between the hemiplegia in this case and that which usually accompanies this condition. Can we draw any conclusion from this difference? I think we can. When there is any rigidity of the muscles following the hemiplegia consequent upon a clot, it should be regarded as an indication of the existence of a progressive irritative lesion of the brain, showing that the nerve-centres are still in a constant state of irritation. I hope that I have succeeded in giving the diagnostic points of the case and their real significance in your eyes.

The patient has now been removed and we are brought to a consideration of the questions of prognosis and treatment. Of course, there is no use of reminding you that the prognosis in these cases is not good. Taking it as proven that our diagnosis has been correct in regarding the case as one dependent upon the formation of a clot with subsequent softening. Indeed, we cannot hope for any permanent good results from our treatment. I have seen cases recover their speech, but I fear this man will never do so entirely. His treatment has consisted mainly in the administration of nervous tonics. He has been taking cod-liver oil and iron. At one period in the attack Basham's mixture was given. Something may be accomplished by improving his nutrition, so let us give him the hypophosphites—two drachms of the compound syrup of the hypophosphites and one-half an ounce of the cod-liver oil thrice daily. Let us also use faradization to the affected muscles, and particularly to the muscles of the tongue. This faradization of the tongue is sometimes attended with good results. You may think that such a procedure would be irrational, but it is not nearly so irrational as you would suppose. We may in this manner stimulate, by some obscure connection, the nervous centres themselves. Numerous attempts have been made to stimulate the central system by applications of the continuous current over the seat of the disease in the brain, but the results thus far have never been as good as those obtained by stimulating the muscles of phonation locally.

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Three new medical schools are on the *tapis*: One in Denver, Col., one in Kansas City, Mo., and the other in London, Ont. All are pledged to the higher medical education and in so far as they remain true to their pledge there is room for them.

Clinical Notes—Chloasma, Vitiligo, Phytosis.

BY C. C. YEMANS, M. D., DETROIT, PROFESSOR OF GENITO-URINARY DISEASES AND DISEASES OF THE SKIN, IN MICHIGAN COLLEGE OF MEDICINE.

GENTLEMEN.—There are skin lesions so nearly allied in appearance as to require patient investigation precedent to diagnosis and successful medication, for in pathology and, therefore, in indications, they are separated by an impassable gulf. For example, Chloasma, Vitiligo, Phytosis.

There have come to this clinic, recently, one or more cases of each of these affections, the history of the prior treatment of each being about the same, *i. e.*, internal medication. Though in general appearance they are much the same yet points of difference are quite marked, and should be so observed as to prevent confusion in treatment. But few cases are presented which admit of greater accuracy in diagnosis and success in treatment, if amenable to treatment at all.

This lady comes here for advice and treatment for yellowish "fawn-colored" spots covering the bust and the neck. This eruption, she says, has existed for several years. She has taken remedies during this time with no relief. She has been married six years; has not been a mother; is very well nourished. She presents no indications of any disease, and yet the poor liver has been censured all the time, and those remedies used which are supposed to correct hepatic disorders. The liver is a convenient scapegoat, you see. This patient complains of intense pruritus at times upon the surface affected. Now we will take some scrapings from the epidermis, and by help of the microscope study the pathology. In and penetrating these scales we find mycelium, and you recognize the microsporon furfur which has for a long time made this epidermis its habitat.

2. This patient is 40 years of age; married twenty years; is not a mother; has fawn-colored spots on her face, which she regards as a serious deformity; no pruritus, no parasite. One question demands consideration, which may seem quite simple, but is not. Are the dark spots from hypertrophy of pigment or are the light spots atrophy of pigment?

3. This gentleman is 40 years of age and in robust health. His hands are covered with brown spots with white interspaces, even the hairs are white within the area of the light spots. Here the same question presents itself as before. The dark spots are very dark,—an undoubted hypertrophy of pigment—but the light spots are very light, and undoubted atrophy of pigment exists.

These cases afford us a fine field for differential diagnosis, for to a superficial observer the physical aspects are identical, and, as I have told you, each patient has received the same treatment.

Now the first case is one of phytosis; the second chloasma; and the other vitiligo.

The first is the sequence of crytogamous growth; the second, a hypertrophy of pigment, in cuticular layer; the last an atrophy of pigment in cutis vera cells. The first is readily curable; the second may be much improved; the last cannot be helped, or at least the probabilities of relief are remote.

It will be well to consider each in detail in the order of observation in the clinic:

Phytosis Versicolor.—This affection is called by some phytosis versicolor, by others tinæ versicolor, but I prefer the name phytosis, given by Piffard, quoted from Wilson. Phytosis versicolor commences with the appearance of small irregular yellowish-brown spots, very slightly elevated, if at all, above the surrounding skin and covered with barely perceptible scales.

It does not appear on the face and rarely on the limbs, but in this case it has passed over the back as well as the anterior part of the thorax. The diagnosis is made by the microscope, and the treatment is simple and the cure certain. I shall select for this purpose sulphurous acid, full strength, having patient bathe with soap and water before each application of the acid, and will have him return, I have no doubt, cured, for your inspection. The patient requires no other remedies, although this case has been diagnosed leprosy, as I am told by the patient himself.

Chloasma.—Chloasmata are idiopathic and symptomatic. The idiopathic includes those pigment deposits which are the result of external causes, as, for instance, the pigmentations which occur in pruriginous affections as the result of scratching,—sometimes called melaroderma (melos).

Symptomatic chloasmata are due to an internal cause often very obscure. We have chloasma uterinus, so called, occurring in pregnant women, changing sometimes the color of the face and the person to a dingy brown. "These stains are presumed to be of uterine origin, inasmuch as they never appear before puberty, rarely occur except during pregnancy or during the existence of some uterine or ovarian disease, and diminish or disappear with the removal of these conditions, and also after the cessation of the menses." While the pigmentary deposit upon which these spots depend, is located in the rete, and while but little ground for hope may be given as to removal by absorption, and as a rule there is but little use in trying to get rid of them, I shall try a local application of mercuric chloride, gr. v, to aqua rosa, ℥ j, and watch the results with interest, for our patient is not and has not been pregnant, neither do I suspect uterine trouble, for her appearance is that of a robust woman, and absence of motherhood cannot always be predicated of the woman's condition alone.

Vitiligo.—"This name in ancient times was applied to several conditions, but at the present day is almost universally confined to an affection characterized by localized disappearance of cutaneous pigment." Vitiligo first appears as white pigmentless spots on the hands, face, or any part of the person, often selecting the genitals. The pigmentless spots enlarge, and uniting with each other become irregular in shape. The hairs have pigment also and become white. Allopecia areata is often announced by white areas of hair on the scalp, after which the hairs fall out from atrophy of the hair follicles, leaving vitiligo of the scalp. On the other hand the contiguous skin becomes darkened, especially along the boundaries of vitiliginous spots, which causes one to regard the hypertrophied pigmentous conditions as the seat of the lesion.

Often vitiligo comes to persons in robust health, and to confound this with chloasma leads to disappointment and useless expense. I have not recently treated these cases, and hope for little from either general or local medication. If one is to undertake the treatment of vitiligo, as the atrophy cannot be corrected, it would be well to treat the hypertrophied portions. In winter, however, the comparative difference in color is less, which you must remember if treating a case in autumn, or undue credit may be given your methods.

As nearly as the lesions may resemble each other, you will have perceived that they are widely separated in pathology and classification.

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A Post-mortem Confirmation of a Diagnosis of Fracture of the Neck of the Femur.

BY W. R. PAGE, M. D., SANDUSKY, O.

In the issue of the NEWS of July 11th, I took occasion to allude to some diagnostic points in fractures at the hip joint. After a time I was in hopes the diagnosis would be fully confirmed, and an opportunity would enable me to unfold the hidden points in this interesting case.

It must be remembered that Mrs. W. was a lady well advanced in years—86 past—of full, robust and ruddy constitution, well preserved, splendid physique, weighing 200 ponnds or over.

As before stated, Mrs. W. arose from her bed during the night, and while walking across the floor, caught her toe in a rug lying in the way, throwing her forcibly upon the floor. When discovered, she was found lying upon the opposite side to that of the injured limb. The symptoms at command when I was called to see the case in consultation, were so completely adverse to that of a fracture of that bone, that I was lingering in a dilemma, and loath to decide which we had before us, a dislocation or a fracture, until another and more thorough examination the day following forced upon us a diagnosis of an impacted fracture, either within or without the capsular ligament. On the 2d inst. the old lady passed quietly away, with what is supposed, uremic poisoning. At any rate, I believe from the general description and resumé of the case from the time I saw her last, that the trouble at the hip joint had little or nothing to do with her death.

At times, Mrs. W., while abiding her affliction, would cast her limbs over the side of the bed, and there rest her heavy body in a sitting attitude, controlling the injured limb with an improvised sling, or a handkerchief attached to the foot.

Twelve hours after death a post-mortem was made, with the following brief results: There was an impaction of the neck of one and a quarter inches, partly within and partly without the capsule. The ligaments around about were more or less lacerated; no muscles torn or detached. The head of the bone was intact in the socket, and most certainly had never been displaced. I think the femur was held in and down, and brought to the neck, not the neck and head brought to the angle of the femur.

Now for the interesting part of the whole. This case at the outset had every resemblance to an upward and backward dislocation on the dorsum of the ilium, viz.: Complete inversion of the knee and foot upon its fellow, shortening and mobility. The limb could be extended and brought down by its fellow, and then again revert to its unnatural position. This, the latter symptom, with slight, almost indistinct crepitation, caused a halt. It must be remembered that fractures of the hip joint are very few, with the same symptoms and results that go to make up a dislocation. So we will now put this case on record.

In looking over Hamilton's work on fractures, the importance of this case can readily be understood, and did I not think it an overturning of some of the tables published for convenient reference for students, *et al*, I would not care to intrude upon your space the second time within a month. Aside from the corroborated facts, the pathological specimen in question is pronounced by many superior to the wood cuts in the books.

I would say, in conclusion, that Mrs. W. lived just ten weeks from the night of the accident, but her death cannot be attributed directly to the injury.

A Singular Case.

BY W. C. BRITTAIN, M. D., COCHRANTON, PA.

I was called to see Mr. J. A. Stewart on March 24, 1881, and found him suffering with general debility more than from any special organic trouble. Upon inquiry I found that a short time before he had taken some doses of calomel, followed by quinia sulph., but without any relief.

I did not at that time make any positive diagnosis. I soon found at my subsequent visits that there was a want of assimilation, for although his appetite and digestion were good, and he relished his food and the bowels were oparated regularly, and his kidneys acted normally, there was a gradual and progressive wasting of tissue. In four weeks from my first visit he was a living skeleton. Delirium set in, and at times it was furious. It this stage I asked for counsel, and Dr. T. M. Coley, of Brownsville, was called in, but still we could not locate any trouble, and assumed that there must be some obstruction of the absorbent ducts, for certainly digestion was not impaired. The patient gradually went down until it did not seem possible that he could live but a few days. This wasting had been continued for over six weeks, and about the third day after our consultation I found him during my visit in the following condition: No pulse at the wrist, arms discolored as far as the elbows, and legs as far as the knees, and simply a faint action of the heart. It seemed to me that the scene would soon close, but the family was willing that the patient should die or get well in hands, so I stuck to him and left an appointment for another visit. On my return I found the circulation improved somewhat, and from that time forward to the present there has been continued improvement in every respect, until he is now well.

I will now say that the temperature was at all times about normal, except at one time during his sickness. when he had marked intermittent conditions, which were controlled with quinia sulph.

I believe that there was for the time some obstruction of the ducts for conveying the chyle into circulation; or there may have been paralysis of the ducts, which after a time was overcome. At all events, I do not believe that the chyle reached the thoracic duct.

My treatment was sustaining all through. When I found the decline, I gave extract malt, and kept it up throughout. I gave him elixir ferri et strychnia, and during his worst condition, when it seemed he must die, I increased the strychnia, so that for a while he received one-sixteenth grain thrice daily. I also gave him regularly wine of beef. All these preparations together may have sustained him until assimilation was once more established.

Selections.

THE GERM THEORY.—At a recent meeting of the *Association pour l'avancement des Sciences*, the president, M. Chaveau, spoke as follows:

"Much importance has always been attached to the benefits practical medicine acquires through the conquests of science.

Now the profession has its attention riveted on the poisons which produce disease, and demands of us new means of combating infectious diseases, either by destroying the germs, or by putting the individual in a better state to resist them.

In the domain of therapeusis, up to the present time, the attempt to put to practical use the recent discoveries, has resulted in nothing, but the future has in store for us most certainly some happy surprises.

The best results have been obtained in prophylaxis. Pasteur has rendered the greatest service by proving by means of his experiments the preservation of the germs of charbon in or on the surface of the ground, or where they have been buried with the bodies of animals afflicted with the disease. He has shown that the opinions of some veterinary surgeons, as for instance, C. Baillet, to be true, who insisted that the reappearance of the disease in some pastures, after they had been free from it for a long time, was due to germs planted there by animals months or even years before. When the cause of a disease is so clearly shown, it is often not a matter of difficulty to stamp it out. Another example, perhaps more striking, is furnished by the introduction into surgery of Lister's method. We owe this method to the germ theory. It has shown the benefit of keeping the wound free from the disease-germs found in the air, water, or attached to instruments, clothing and dressings.

But it is not even here that the greatest practical advantage can be found, derived from a study of the facts recently proven in regard to the cause of diseases. The most striking advantage in physiological science is the immunity conferred by preventive inoculation. Starting on the principal that an individual can have an acute infectious disease only once, as has been proven in many of the diseases of this class. The practice of preventive inoculation is destined to take such a high place in pathological study, that it is interesting to see how far we have gone in this path.

The principal, and indeed the only problem to solve, is how to make preventive inoculation devoid of danger. For this five means are at our service:

1st. To use virus, not of the same disease, but of the same family of diseases, and which is normally mild in its effects.

2nd. To weaken the virus of the disease permanently, so that the weakened virus may be indefinitely transmissible.

3rd. Or even to cause a diminution in the activity of the virus in an individual case.

4th. To reduce the activity of virus by diminishing the number of germs which act on an individual case.

5th. To endeavor to cause a diminution of activity of the germs by some peculiar method of introduction into the organism. Finally, to combine two or more of these methods in order more certainly to attain the end sought.

The first method has its type and its example in the use of vaccine virus to protect from the effect of small-pox virus. Perhaps the day will come when it will be shown that the first is only a weakened form of the second. But for the present my experiments by which it has been shown that the near relationship of these two viruses does not prove their identity, should receive the interpretation which I have given them.

We have a second example of the reciprocal influence of viruses of the same family in the experiments of Pasteur, by which he showed that the inoculation of a weakened virus of chicken-cholera protected from charbon. But we can only use this fact after new investigation has been made. It will be necessary to establish that the chicken cholera virus protects against charbon, not only in chickens who take charbon with difficulty, but also in the case of rabbits and guinea pigs who are very apt to be affected with both the diseases.

The specific and permanent attenuation of a disease virus has lately been proved by Pasteur, who showed that weakened virus of chicken-cholera was transmissible, and that being inoculated in did not lose its benign quality.

This is the first proof of the kind that science has given us. I have shown that we must not look for the transformation of malignant variola virus into benign vaccine virus by the inoculation of the first into an animal of the bovine species. The pretended transformation is an error. If then by his experiments of cultivation and preservation *in vitro*, Pasteur has given to death-dealing germs a benignity which prevents all return of its malignant character, he has created a method which is destined to be of the greatest service to science and to humanity.

In the place of trying for the permanent attenuation of virus, we may inoculate with virus which has for the time by some method been deprived of its danger. The method is purely individual and for that occasion. It is on this that Toussaint made invaluable experiments on the blood of splenic fever in which Pasteur gave the correct interpretation. In the three preceding cases where the mildness is natural to a virus, or acquired by it, it is easy to explain the mode of action of the germs. We produce the same effects as when we inoculate dangerous germs, with the exception that the pathological processes by means of which immunity can, thanks to the weakening of the morbific agent, accomplish everything without danger to life. In the remaining cases the theory is more difficult to prove and less simple.

Contrary to the generally received ideas, a reduction in the number of the morbific agents in making the inoculation, is capable of exercising a great influence on the result of the inoculations. Some notice of this may be found in my work on vaccine, but the fact which struck me most forcibly, and which caused me to make experiments in this direction, was the result of my inoculations of charbon on the Algerian sheep with small and large quantities of virus. They did not die because of the natural resistance of these animals to the charbon virus.

Is it not reasonable to say what happens in the organism of animals endowed with a very feeble receptivity to the virus can be produced on those whose receptivity is great? Theoretically it is enough to reduce the number of morbific agents, in that way producing more benign effects, even to make virulent germs totally inactive. Practically it may be impossible to succeed in this way with a reduced number of germs. But there is reason to be satisfied with what I have already done by the application or this principle.

The method of introduction of germs has much to do with their virulence. Among examples which could be given are those by means of which we can compare the effects of injections into the blood with inoculations in the epidermis or connective tissue. The weaker effects of the first are in some cases very well marked. I made the first observation of the kind on vaccinia. In bovine animals a puncture made with a lancet dipped in vaccine virus gave vaccinia with its local effects, general phenomena which accompany it, and finally the consecutive immunity. Injected into a vein the same virus was totally inert, except where there was an accidental inoculation of the perivascular connective tissue, in which case there was a local swelling which gave the same immunity as the vaccinia pustule.

Analagous results were observed on horses with the difference that showed that horses had some receptivity of the disease.

In some cases intravascular injections caused a vaccinal exanthem, more or less abundant, resembling in every way the natural eruption. More often the injections seemed wholly inactive, as in the bovines, inactive in this sense that they produced no eruption, but they none the less caused an immunity to the disease, which was not the case with cows.

Similar experiments to those of mine on vaccinia were made in my laboratory by MM. Arloing and Cornevin, with charbon bacteria. When the virus was injected into the subcutaneous or intermuscular connective tissue, death was the result. If, on the contrary, the virus was injected into the veins, it was rare for the animal to die unless the quantity used was very great, but intravenous injection nevertheless was always followed by immunity. In the last example we have two methods combined, in order to make a harmless preventive inoculation.

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The question has not been solved as yet, but let us study disease germs both in their natural state and during cultivation. Let the facts accumulate until there is light sufficient to clear up the darkness there is now about the germ theory of disease.—*The Cincinnati Lancet and Clinic.*

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How to Render Septic Wounds Aseptic.—The proper measures to render foul wounds aseptic are well illustrated in a recent lecture of Prof. von Nussbaum, of Munich, translated in the Edinburgh *Medical Journal.* They are so instructive that we quote them fully:—

In July last a student received a sabre-cut of the head in a duel, which ran parallel to the sagittal suture, to the left of it, and was eleven centimetres long. The bone was denuded and laid bare, so that it seemed like a fissure. One of his friends, a military surgeon, had cut away some hair, washed off the blood, and dressed the wound with olive oil and Brun's wadding. For five days it went on very well. The patient then wished to get up, asked for more to eat. The surgeon, however, noticed a considerable swelling of the edges of the wound, and refused both requests. The next day, at 4 A. M., the patient had a severe rigor, and when the surgeon came he found some erysipelas, and the wound dry and smelling badly. The temperature, which had hitherto never been above 38° C., had now risen to 40.7° C., and the patient spoke in such an excited manner that one immediately, suspected the onset of delirium. The patient's relatives, who had now arrived, insisted that he should be brought to my clinic. This required a few hours' time to carry out, and when the patient came under my care, at 4 P. M., he was very delirious, had a temperature of 40.9° C., a small pulse of 130 per minute, and the erysipelas had spread over the whole scalp. There was here a probability of getting that unfortunate termination which was formerly so much dreaded in all cases of severe head-injury. Evidently there had been foul smelling pus pent up in the wound, and this had led to erysipelas. The septic condition of the secretions had affected the small blood-clots which lay in the deep crevices of the wound, and there could be little doubt that secondary meningitis was imminent. I confess that, having regarded to the severity of the septic symptoms, I had very little hope of being able to bring about a favorable state of affairs; however, careful disinfection is always useful and can never do any harm, so I had the patient put under chloroform, then I cut away more of the hair from round about the wound, washed the surrounding parts, which were soiled with blood and discharge, with a five per cent. solution of carbolic acid, slit up the overlapping edges of the wound with the scissors to such an extent that the whole floor of the wound was laid bare. By this means I could evacuate some foul pus and blood-clots, the retention of which had doubtless been the cause of the erysipelas and the serious symptoms. I dipped a pad of Brun's wadding in an eight per cent. solution of chloride of zinc, and disinfected with this the whole floor of the wound, carefully washing and syringing the exposed bare bone. I then put two drainage-tubes in the wound, sewed up the other parts with catgut sutures, injected some five per cent. carbolic lotion through the drainage-tubes, washed the surface of the skin with the same, and then put on a Lister's dressing, but without "protective," so that the gauze, which was soaked in two and a-half per cent. carbolic lotion, might come into direct contact with the secretions from the wound. I ordered the patient an acid drink and some light soup. He passed a quiet night, after getting a hypodermic injection of two cg. acetate of morphia. The next morning I was as much astonished as pleased when the patient, perfectly conscious, held out his hand and quietly wished me "Good morning." The delirium was quite gone, the temperature 38° C., and the pulse 98 per minute. Everything had changed so much for the better that we hoped the meningitis had been warded off. As the dressings had shifted a little, I changed them under the steam-spray, and found then that the wound was in a satisfactory condition. The erysipelas was quite gone, and there was no retention of the discharge. The temperature soon fell still further, and in sixteen days after his admission to my clinic the happy patient left for his home, having only a strip of plaster, about the breadth of a finger, upon the cicatrix on his scalp.

As a second illustration I may relate a case which was recently under my care. A servant-girl was pushed from her chair in jest, and fell so heavily that she fractured her radius and ulna, and the ends of the bones protruded through the skin. A practitioner who lived near put adhesive plaster upon the wound and bound up the arm in splints in the ordinary way; as it bled rather freely during the night, he sprinkled some septic powder over the plaster. On the third day the arm was so much swollen, and there were so many blue and green blebs upon it, that the practitioner was afraid to go on treating the case, and called in another medical man, as the patient was strongly opposed to going into hospital. The surgeon who was called in requested to have a consultation with me, and spoke of the possibility of amputation being necessary. The mention of amputation caused great consternation in the house, for the foolish joke had been perpetrated by the son of the girl's master.

When I saw the patient the arm was greatly swollen and tense, the wound had a greyish surface, and was covered with foul smelling pus; round about it there were also numerous blebs of different sizes. The small ones—about as large as a pin's head—were like transparent yellow glassy beads, and were very numerous, and lying close together; the larger ones were black and blue in color, and filled with blood-tinged serum. There was high fever. The patient's countenance was of a yellowish-brown color, and the morning temperature was as high as 40.3° C. Under these circumstances I could not say positively that the arm might be saved; but, on account of the patient's youth and good constitution, I said that with the utmost care a good result might probably be obtained. Both the patient and her medical attendant gave me full permission to do what I thought proper.

I first put the patient under the influence of an anæsthetic. I then shaved the whole arm, washed it with a five per cent. carbolic lotion, and let two steam sprays play upon the wound. I made a semicircular incision, which extended about half round the arm, avoiding nerves, etc., and by this means exposed the fragments of the broken bones lying at the bottom of the wound. The arm could then be bent in the middle, so that it was possible to have the floor of the wound thoroughly washed and purified with five per cent. carbolic lotion. (In cases where there is no bleeding, but only foul pus, I prefer to use the eight per cent. solution of chloride of zinc.) I next ligatured some bleeding vessels, cut off the sharp ends of the broken bones, syringed and washed everything clean, put short drainage tubes in each corner of the wound, and bandaged the arm on a splint, leaving the widely-gaping wound uncovered; over this wound—which was about half the size of an amputation wound—I put some absorptive gauze, and arranged that a three per cent. carbolic lotion should drop upon this day and night, the drops following each other so rapidly that they formed really a fine continuous stream. In twenty-four hours about twenty-eight litres of this lotion passed over the arm. After two days, however, the wound became free from odor, and the temperature fell to 37.7° C.-38.2° C., so I diminished the irrigation considerably, and allowed from sixteen to eighteen litres of carbolic lotion to flow over the wound in the twenty-four hours. In a few days the wound looked so well that an ordinary Lister's dressing was applied, and the wound soon healed up like a fresh injury.—*Medical and Surgical Reporter.*

SODIUM ETHYLATE FOR NÆVUS.—Dr. W. B. Richardson, in the *Lancet*, gives his experience in the local application of this new remedy. His researches on the amyls, ethyls and alcohols were made between 1863 and 1871, and in observing the action of the ordinary alcohols, it occurred to him to try the action of one in which sodium or potassium replaced the remaining atom of hydrogen which belongs to the water molecule present in the alcohols. The sodium and potassium ethylates had previously been known to chemists, but it occurred to him that they might serve as caustics and antiseptics. He tried the antiseptic effect on the fresh brain substance of sheep and found it effectual; also that when in contact with animal substances they become decomposed, absolute alcohol and soda or potash being produced by oxydation.

He also found that the ethylate, when applied in the crystallized state, or highly concentrated, left the animal structures soft or fluid, as before; but when diluted with alcohol, the latter agent produced rapid coagulation of albuminous or fibrinous substance, so that the ethylate acted as both caustic and styptic. Experiment showed, however, that the sodium compound is much superior to the potassium ethylates as a styptic, and consequently better adapted to the treatment of nævus.

The plan is to apply it carefully to the spot to be acted on with a glass rod or camel's hair brush (the latter being destroyed by once using). A dense scale forms, which gradually loosens and can be separated in a few days. Then the ethylate is again applied, and so on, until the nævus gradually contracts away and disappears. Poultices should not be used to hasten separation of the crusts. The time occupied in treatment varies, of course, with the size of the nævus, and may extend over several weeks.

Dr. R. has also found it quite successful in the removal of tattoo marks, and the superficial nævi called *mother's marks.*

In one instance he applied the ethylate, on a pledget of cotton, to *nasal polypi*, and two or three repetitions were followed by its permanent disappearance.

He made a similar application (ethylate diluted with an equal part of absolute alcohol) to one of the nasal passages in a case of unilateral *ozœna*, leaving the pledget of cotton about five minutes. This was followed by severe pain and some irritation for three or four days. There was then so much improvement that the girl submitted to the application three times more, when a complete cure was effected. which remained permanent at the expiration of several months.

In the treatment of a case of *lupus non exedens*, in the hands of Mr. Robert Ceeley, very favorable results were reported at the date of Dr. Richardson's writing.

In a case of *lupus exedens* in his own hands, he had succeeded in producing arrest of its progress, but without satisfactory cicatrization; still this result is quite favarable, compared with other modes of treatment. It prevented decomposition and fœtor; destroyed vascular growth, and restrained purulent discharge.

As to the use of the agent by subcutaneous injection, he is not satisfied. It has been used in one case of thyroid hypertrophy, with the effect of greatly reducing its size and relieving the previous dyspnœa. A severe cold having been contracted, with cough and expectoration, the thyroid became congested and inflamed, and an abscess formed. The patient then became despondent, made up her mind to die, and in fact did die of hemorrhage while all alone; but it is possible that she improperly interfered with the dressings.

Other uses to which this agent has been applied by Dr. R., are the removal of warts, destroying a small melanotic growth on the face, for a rebellious ring-worm, for the removal of a small loose hæmorrhoid, for destruction of the vascular growth dependent on an ingrowing nail.

For the relief of pain produced by the action of the ethylate, he applied laudanum. Chloroform must not be used, as it is liable to form an explosive mixture with the ethylate.

In the debate at the Medical Society of London, which followed the reading of Dr. Richardson's paper on the above subject, Mr. Wordsworth observed that nævi often disappeared spontaneously, even after temporary increase.

Mr. Spencer Watson had used sodium ethylate, but was not satisfied with the result, except for superficial nævi. Mr. Edmund Owen, after extensive trials, concluded that it will answer in superficial cases, but in deeper growths he had to resort to Paquelin's thermo-cautery. The latter agent has the advantages of rapidity and certainty of action. Mr. Roger Bell also had failed to obtain good results from the ethylate in large nævi. He also thought it too slow in its action.

Dr. Routh thought it might prove useful as an injection in uterine and other fibroids. Dr. Richardson would not advise its use by injection, except in cases of extreme danger to life and after failure of other measures.

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THE DIAGNOSTIC IMPORTANCE OF ODORS.—In a recent lecture Dr. Julius Althaus, of London, says:

I must say a few words on the *diagnostic importance* of certain smells in the sick room, which was formerly much insisted upon; indeed, whole treatises have been written on the recognition of disease by sniffing. Dr. Heim, who was the popular physician of the day at Berlin some fifty years ago, recognized measles, scarlet fever, and small-pox by their peculiar smell on first entering a house, and before having seen the patient. Mr. Bernard, of Upton Park, has recently recorded in the *Lancet* two cases of small-pox in which the patients themselves perceived a dreadful smell, apparently just at the moment of being exposed to contagion; and one of them when suffering from the eruption, said that his perspiration had the same smell as that which made him sick before. When attending Skoda's clinique in Vienna, twenty-five years ago, I noticed that this celebrated teacher was in the habit of sniffing when approaching the bedside of patients suffering from the last stages of pneumonia, phthisis, typhoid fever, etc., and he would give a bad prognosis when he perceived what he called the "cadaverous smell." Mr. Crompton, of Birmingham, has noticed a peculiar earthy smell from the body a week or a fortnight before death, which, he says, has never decieved him—an appropriate illustration of the saying, "Earth to earth." Dr. Begbie distinguished typhus and typhoid fevers by the sanguineous (others call it "mousy") smell of the former. Prof. Parkes has noticed a peculiar odor in the skin of cholera patients. A pungent smell in the chamber of a lying-in woman shows that lacteal secretion is well established, while an ammoniacal smell has been said to indicate the approach of puerperal fever. Many women emit a peculiar odor while menstruating, which resembles a mixture of blood and chloroform, and this is believed to arise not so much from the discharge, as from the more pungent character of the sweat secreted in the axilla. Persons of costive habit have a fecal smell; and this is also often noticed in hypochondriacs and lunatics. In uræmia, whether owing to kidney disease or to severe retention of the urine, a urinous odor is emitted by the body, and the presence of pus in some part of the body has been recognized by a peculiar warm, milky smell of the patient.

Apart from the odor of the sick room and the body generally, the smell of the sputa, urine, fæces, sweat, ulcers, etc., was carefully noted by the older practitioners and utilized for prognosis and treatment. Unquestionably there was much that was fanciful in such ideas; but occupied as we are at present with the study of more precise and definite symptoms, we have perhaps gone to the other extreme in neglecting such signs altogether. Everybody has his own special odor, and this varies according to the circumstances of life, the food taken, and the state of health in which he happens to be. That it should be altered in disease, and that special diseases should have special odors, is only what one would expect; yet the increase of cleanliness and ventilation has no doubt done away with a large variety of smells which formerly used to assail the nostrils of the physician.

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A NEW IDEA IN THE TREATMENT OF VAGINITIS.—The treatment of vaginitis by the ordinary methods is so often unsatisfactory that any hint will, doubtless, be gratefully received. Drs. Terillon and Auvard, *internes* at the Hôpital Lourcine, Paris, have recently adopted the following method. An ointment or pomade is prepared after the following formula:

Vaseline	150 parts.
Starch	150 "
Tannin	50 "

This has the consistency of a thick paste, and is introduced by a specially contrived instrument, which consists of a reservoir, having attached to it a tube ten centimetres long, with its end obliquely cut off, and the edges carefully rounded and made smooth. The reservoir is fitted with a lid or cover, perforated to allow the passage of the rod of a piston, whereby the ointment is forced through the tube in the form of a cylinder, about one centimetre in diameter. The instrument is made by MM. Matthieu, of Paris. The principal advantage consists in the possibility of introducing the medicament easily and almost painlessly, even in the acute stages of the disease, to the fundus of the vagina. The consistence of the ointment is such that it is rarely necessary to tampon the vagina to retain it, and on examination several days afterwards it will often be found in the vagina producing its beneficial effects without causing irritation. The great advantage of infrequent dressings is thus secured.

Experience of this method of treatment in the hands of the gentleman who have invented it, proves that it is rapidly efficacious.—*Annales de Gynecologie, from the Bulletin de Therapeutique.*

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PROPOSITIONS ABOUT VENESECTION.—The propriety of venesection as a therapeutic measure is securing renewed attention in England, as well as in this country. Among recent articles, we note one by Mr. T. M. Dolan, F. R. C. S., in the *Med. Press and Circular*, May 18th. He sums up his conclusions in the following propositions:—

1. Venesection has no direct influence over inflammation, external or internal.

2. Venesection is useless, in the case of all external inflammations.

3. Venesection is of use in those inflammations, where the cardiac and respiratory functions are interfered with.

4. Local bleeding in external inflammations is most useful; its effect is patent.

5. Local bleeding in internal inflammations, where there is a direct capillary circulation between the skin and inflamed part, is of manifest service.

6. The benefit of local bleeding, when there are not such conditions, is neither clear nor positively ascertained.

These propositions express fairly well the true position of venesection in therapeutics, although, of course, they are all subject to exceptions in particular cases.

Mr. Dolan quotes, with approval, the following words of Dr. Markham, on the subject of general bleeding:—

"Is it credible that a remedy which, through evil report and through good report, has steadily held its own in the catalogue of curative agencies, from the days of Hippocrates to our own, can all at once have ceased to be of service to humanity? Must we believe that all the great minds who, through the long ages of past medicine, have resorted to this remedy, have been using it under a delusion? Surely, the very fact of the antiquity of the remedy, its universality, and its persistence during all times as a curative measure, is strong *à priori* evidence of its possessing value and excellence as such."

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ANTISEPTIC STIMULATION IN TYPHOID.—Prof. Bouchard (*Le Concours Med.*, May 7) recommends that stimulants used in typhoid fever should be mixed with antiseptic substances, in order to prevent purulent infection from the intestinal lesions, for instance:

℞.	Rum	℥ jx
	Creasote	gtt. ij
	Phenic acid	gr. iv
	Salicylic acid	gr. xv

M. Sig.—Small quantities of this or of a similar antiseptic stimulant may be given as required.

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Formulary.

IODIDE OF POTASSIUM IN TYPHOID FEVER.

Writing in the Pacific *Med. and Surg. Journal*, Dr. Oatman announces that iodide of potassium is "as much a specific in typhoid as quinine is in intermittent fever." His exact plan is this:—

An adult with uncomplicated typhoid fever may take five grains of iodide of potassium every three hours, in a little sweetened water. Also every three hours, one dessertspoonful of the following recipe, viz:

℞	Ol. terebinth	
	Tinct. anisi	āā f ʒ j.
	Vitel. ovi	No. ij.
	Sacchari	ʒ ij.
	Aquæ puræ	ad. ℥ ij.
	Ft emulsio.	

M. Sig. This emulsion may be taken between the doses of the iodide.

HAGER'S CATARRH REMEDY (W. H. B.)

Dr. Hermann Hager, a number of years ago, recommended the following mixture as a sovereign remedy in chronic bronchial catarrh and in all affections of the air passages:

℞	Carbolic acid	5 parts.
	Water of ammonia	6 "
	Distilled water	10 "
	Alcohol	5 "

Dissolve the carbolic acid in the alcohol, mix it with the other liquids and introduce the mixture into a glass-stoppered vial which should be only half filled by it. Then fill the vessel full of cotton.

When suffering from an attack of catarrh, or asthma, the vapor of the mixture is inhaled by a few strong inhalations through the nostrils, or, if the latter are impervious, through the mouth, until there is an impression produced as if the inhaled gas had reached the cardiac region. Hager calls the compound: *Olfactorium anticatarrhoicum.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Is it Quackery in High Places?

The term quackery has received a partial definition in the written Code of Ethics of the American Medical Association, to which code all reputable physicians in this country, practising regular medicine, so-called, have either formally or by implication subscribed. This partial definition, necessarily partial because of the inflexibility of language, has been supplemented and intensified by a great unwritten code of universal acceptance, which takes cognizance of shades of irregular professional conduct (quackery) not met by written rules. It is, therefore, seldom necessary to enter upon a discussion as to the regularity of any special professional act; a plain statement of the thing done is usually sufficient to fix the doer's standing in the estimation of his contemporaries. This being the case, we shall simply, at this time, give the following plain statement of facts, leaving it for our readers to answer, each for himself, the question contained in the caption:

We are in receipt of a pamphlet under the imprint of Wagner & Co., Chicago, Illinois, devoted to an advertisement and description of "Dr. Joy's Electric Devices." This pamphlet is a composite preparation, being the work of the pen of Wagner & Co., and Professors Douglas A. Joy, E. M., M. D., John W. Langley, B. S., M. D., Donald Maclean, M. D., G. E. Frothingham, M. D., and A. B. Palmer, M. A., LL.D., M.D., of the Medical Department of the University of Michigan, the parts contributed by the latter four professors consisting of fac simile copies of letters endorsing "Dr. Joy's Electric Devices." The contribution to which Prof. Joy's signature is attached is the following:

"Messrs. Wagner & Co. will henceforth have entire management of the manufacture and sale of these devices. My position and services in the University of Michigan precludes the possibility of giving my time and attention to the business, except to give from time to time such advice as may be deemed necessary.

Allow me to state that the firm of Messrs. Wagner & Co. is composed of gentlemen of high business as well as social qualities, and whom I know will spare no effort in meeting the wants and requirements of all those who may be so unfortunate as to require the use of my electric devices.

* * * * * * *

This pamphlet sets forth very clearly and explicitly the manner in which my electric devices are constructed, and the *public* may be assured that whenever mild currents of electricity are beneficial, these devices can be relied upon to produce the desired effect. My experience in the study and practice of electro-therapy, together with the practical knowledge I have, as also some of my colleagues in the University, of the thorough efficiency of these devices, justify these assertions. If by the use of my electric devices victims of disease are relieved from suffering and restored to health, I shall not only be content, but happy."

The pamphlet, therefore, has Prof. Joy's endorsement, and as his colleagues endorse Prof. Joy, does it become a question whether they also do not endorse the pamphlet? The following are a few quotations from the pamphlet and circulars, which are submitted without comment:

"We have known Prof. Joy for many years, not only personally, but professionally. We know him to be a man of high scientific knowledge, and in his profession, few men are his equal. Therefore, in placing his Electric Devices before the people, we are presenting to them something based upon purely scientific principles, the invention of a scientific man, and which has the high endorsement of the learned scientific men who comprise the eminent medical faculty of that world-renowned institution, the University of Michigan. Their individual letters of indorsement are herewith presented in fac-simile. No better proof of the genuine merits of these Electric Devices could possibly be given."

"Recent investigation in electricity in connection with medical science has induced many of the most learned medical men of the age to believe that really and truly "Electricity is Life." More especially is this so considered in all those cases of nervous disturbances. The nerve-centers are more easily and satisfactorily reached by the aid of this invisible though powerful agent, than can possibly be done by the use of drugs, which in too many instances are both poisonous and exhaustive. Medical science has at last discovered that the origin of nearly all diseases of the human system can be traced directly to an impaired nervous organization."

"To explain the many different kinds and forms of electricity, its operations, its causes and effects, etc., etc., would require a large volume. Sufficient is it to say that Dr. Joy has made the study of electricity a specialty for many years. His lectures upon this subject before the collegiate class in the University of Michigan for the past two years, have afforded the amplest proof that he is a complete master of the science.

In his numerous researches in the phenomena of electricity, its mysterious and wonderful workings, and the great results obtained therefrom, he has had the invaluable assistance of that profound scholar, chemist and electrician, Dr. John W. Langley, professor of chemistry and chemical physics at the University of Michigan.

Dr. Joy is not only a master of the science of electricity, but is also an educated physician, and stands high in the profession. He has for a long time made the application of electricity to the human system a zealous and persevering study."

"The positive and emphatic testimonials and indorsements by the eminent faculty of that world-renowned institution of learning and science, the University of Michigan, places Dr. Joy's Electro-Galvanic Devices upon a high elevated plane in the medical profession, and entitles them to great consideration."

"This applies a current of electricity directly to the testicles and spermatic cords, and during the calm repose of night, when nature does its most effective work, the assistance rendered by the electric currents passing from the belt and spinal band to the very nerve centers, and also the electric currents passing from the Scrotum Device to the testicles and along the spermatic cords, rapidly tones up the organs of vitality, and soon restores the victim to health, strength, and perfect manhood. For this class of diseases Dr. Joy's Electric Devices are especially recommended, and guaranteed to effect speedy relief and a permanent cure."

"Reader, if you are afflicted with any nervous disease, or any of the diseases herein enumerated, you should not delay your case, for every day that is delayed only aggravates and adds to the disease. You should at once order such of Dr. Joy's electric devices as may be applicable to the disease with which you are afflicted. These devices will surely give you immediate relief, and speedily eradicate the disease from your system, restoring you to perfect health."

"You must remember also that in purchasing these devices, you are not investing in something blindly, for they have the indorsements of professional men, men of science, men of learning, men of knowledge, men of whom it may be said that in their profession none stand higher. These men occupying the positions they do in that great institution of learning, the University of Michigan, know that these electric devices invented by Dr. Joy, are constructed in strict accordance with scientific principles."

"In cases of seminal weakness, sexual disorders, loss of vitality, impotency, nervousness, nervous debility, or any debilitated state of the system, the relief given is speedy, and the eradication of the disease, and the toning up of the system is gradual but sure, and after wearing the devices for a few weeks, a permanent cure will be effected. This we will guarantee in every instance."

"The imperative necessity of retaining Dr. Joy in his present position in the University of Michigan, renders it impossible for him to exercise personal supervision over the management of the business."

"The success with which Dr. Joy's electric devices is meeting is indeed gratifying, and there can no longer be any doubt that for nervous debility, weaknesses, and all diseases resulting from loss of vitality, or loss of nerve force, there is nothing in the known world so effective as these devices. So also are they in sciatic cases, rheumatism, neuralgia and paralysis. For liver and kidney troubles, and many other diseases, they are certainly invaluable."

"We think, however, it is but just that the public should regard Dr. Joy's electric devices with more than ordinary consideration, inasmuch as the inventor occupies so high a position in one of the most famous universities of learning and science in the world; also, considering the fact that he has received for his invention the unqualified indorsements of the entire medical faculty of that university, also the indorsements of such eminent physicians as Drs. Caldwell, Beck, Ingraham, Bacon and others."

We trust we shall be pardoned for devoting so much space to these quotations (more could have been given), for they are necessary as data to enable the profession generally, and particularly the profession of this great state, to intelligently answer the questions, "Is there quackery in high places," and "Has the University of Michigan prostituted its high name by lending it to the support of quackery?" We pause for a reply. Let the profession, aye, let the University professors themselves answer.

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A Lesson of the Hour.

The storm of indignation at the dastard attempt on the President's life having somewhat subsided, and anxiety as to the result of the wound having been in a measure allayed, it is not meet that the event, than which none other since the firing on Fort Sumter has so stirred the Nation, should be allowed to pass without any attempt to learn its lesson. Politicians have detected in it one of the results of the pernicious system of spoils, and as citizens we cannot but hope that the lesson thus indicated may be laid close to heart. But to the medical man and the medical jurisprudent the event has in it the possibility of a deeper and further reaching lesson, a lesson which has presented itself many times before, but never with such force as to secure to it the attention which is necessary to practical results. This lesson is contained in the question as to the extent to which mental aberration should constitute an immunity from the legal consequences of crime. The plea of insanity has already been set up for Guiteau, a plea which if successful, will not only allow that individual to escape the consequences of his deed, but will turn him loose upon society with full freedom to repeat his attack upon the President or to shoot any one whose removal he may think would be to the country's good. The President is but plain Mr. Garfield in the eyes of the law, which in its purity does not discriminate in favor of presidents or paupers, but fortunately the unsuccessful attempt on his life is likely to arouse attention as it never has been aroused before, to a spot of constantly deepening blackness on the law's escutcheon.

It is a commendable trait of an enlightened people that it eliminates all feelings of revenge in its determination of the punishment which it metes out to the violator of its laws; the aim of its penalties is rather the weal of society than the infliction of the transgressor. So far from being vindictive its treatment of the criminal the tendency is to regard him with a sympathy, which, in many instances, even in cases in which the crime has been without excuse, either in supposed mental aberration, or in aggravating circumstances inciting to the deed, is nothing short of maudlin. This freedom from vindictiveness, however, which increases with the time intervening between the time of commission of the deed and the culprit's trial, has opened the way for some monstrous abuses in connection with the treatment of criminals. Among these abuses there is none more prominent than that growing out of the plea of insanity, which is now offered as a defense in the trial of the more flagrant violations of the law, and especially in cases of murder. To such a pass has it come that a criminal's chances of escape on the plea of insanity are in direct ratio to the heinousness of his crime; the more shocking the methods of the murderer, for instance, the more apparent are the evidences of his mental alienation. There is a class who, indeed, maintain that all crime is an evidence of insanity, that the sane (sound) mind has perfect control of itself and can subordinate passion and inclination to its sense of right, and that to the extent that it is unable thus to exert an inhibitory power it is insane (unsound). As an outcome of this view, which we think is encouraged by the materialistic tendency of modern thought, such words as kleptomania, dipsomnia, nymphomania, etc., have become thoroughly and significantly incorporated into our language; and as a consequence thieving, drunkenness, licentiousness, etc., are, more and more, coming to be held rather as misfortunes than crimes. Murder, too, as already hinted, has come to be practically regarded as an evidence of cerebral derangement, either acute or chronic, on the part of the perpetrator, and "homicidal mania," "emotional insanity," "insane impulse," etc., are terms on which the criminal lawyer has come to ring eternal changes.

We are not of those who would combat this tendency in dealing with crime by maintaining that this mental derangement is all a myth, and that it should under no circumstances be offered in extenuation of crime. We believe that a strong taint of insanity pervades humanity, and that it is evinced even in the excesses in which men indulge, to their own physical ruin; the individual who cannot, or will not deny himself gratifications which carry with them a certain sting, is, to an extent, mentally unsound. Most men, also, have their eccentricities, and to that extent they may be justly held to be *non compos mentis*, the difference between eccentricity and fully developed insanity being one of degree rather than of kind. There is much wisdom in the saying of the philosopher poet:

> "Great wit's to madness close allied,
> And their partitions do their bounds divide."

It by no means follows, however, that these admissions carry with them the pernicious admission that there should be no penalty attached to crime, or, in other words, that there is no such thing as crime when the individual is unable to restrain himself sufficiently to prevent him from committing an overt act against the law.

It is not the admission of mental unsoundness in criminals that is wrong, but it is the corollary which modern maudlin sentimentalism has attached to it, viz., exemption from punishment for their crimes. This false corollary is responsible for the bulk of the crime of the times. The law recognizes no degrees in insanity, and a criminal is either sane or insane. If sane he expiates his crime; if insane his crime is vindicated, he goes unwhipt, and is turned loose upon society with the implied promise of immunity from punishment for future crimes.

The practical admission of our courts that insanity removes responsibility is highly pernicious, and is unwarrantable. To take an illustration from an extreme case: even in lunatic asylums a certainty of punishment is not without its restraining influence, while a promise of reward for good behavior very materially stimulates the unfortunates to self-control. A similar certainty of punishment for crime outside of lunatic asylums would have an influence for restraint which would increase in power in a direct ratio to the soundness of the individual's mental condition. In the interests of society the man who once imbues his hands in the blood of his fellow should never again be permitted the opportunity of so doing. If not adjudged insane the extreme penalty of the law should be visited on him. If he escape this penalty on the plea of insanity the fact should be interpreted as an evidence of his liability to again become insane, and as a precautionary measure he should forever after be kept under surveillance, and such services exacted of him in addition to the deprivation of liberty as the degree of his insanity, as adjudged by a board of experts, would seem to justify. With but these two alternatives before him, viz., the extreme penalty of the law, or a life-imprisonment in a criminal lunatic asylum, we apprehend the person with murder in his thought would be less likely than under the existing chances of escape to destroy human life. The feasibility of regulating the penalty by the degree of responsibility may be questioned, but undoubtedly the tendency of legislation and medico-legal thought should be in this direction.

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Whitlow (Felon.)

Dr. Christopher Heath calls attention in a recent clinical lecture to the fact that surgical authorities, as a rule, treat this subject both erroneously and inadequately. He divides whitlow into three varieties: First a localized inflammation of the skin of the finger, of an erythematous or erysipelatous character, generally due to an animal poison. The next in severity is the superficial or subcutaneous whitlow found usually about the nail or the tip of the finger, but occasionally in other parts, due to some slight injury or irritation, such as likely to occur in the hands of housemaids and nurses. This is, we presume, what is vulgarly known as the "run-around." The third kind is that which is distinctively known as felon, and is an acute necrosis of the terminal phalanx, following periostitis and suppuration beneath the periosteum. It may follow a very slight injury,—the mere prick of a pin, which is forgotten before the mischief shows itself, being often the cause.

The treatment of these forms varies with the variety. In the first a twenty grain solution of nitrate of silver, if applied at once over and slightly beyond the reddened surface, usually sufficient. In the second variety it is rarely necessary to do more than to relieve the tension by incising the skin, which is insensitive, and evacuating the pus. In the third variety after some hours' uneasiness, with slight swelling of the terminal phalanx, the pain becomes acute and throbbing, and entirely prevents the patient's sleeping. If timely relief is not given, matter will very slowly make its way to the surface of the finger, but never up the sheath of the tendons, and, when discharged, will leave the greater part of the phalanx bare and dead behind it. A timely and free incision is the only mode of saving the phalanx, and cannot be resorted to too early, for, if no matter be present, the inflamed periosteum will still be divided with great relief to suffering. The finger should be held firmly on a table, and the surgeon, entering his knife just above the traverse inter-phalangeal mark in the skin, should cut boldly down to the bone in its whole length from base to apex.

When, as so often happens, these cases have been treated domestically with "soap-and-sugar" and poulticing until the end of the finger is riddled with sinuses, there is nothing to be done except to extract the necrosed phalanx as soon as it is loose, and to bring the finger into shape by careful water-dressing applied in strips, as in the woman lately in these wards. In the great majority of cases, the base of the phalanx (which is its epiphysis) survives the mischief; and this is important, because it gives attachment both to the tendon of the deep flexor and also to the sheath of the tendons; but, even when it necroses, the sheath escapes, and matter does not find its way along it. The phalanx being gone, the soft tissues contract, and the nail becomes considerably incurved, leaving a somewhat shortened but very useful finger.

Then we have inflammation of the skin and subcutaneous tissues in any part of the finger, and this may lead to the true thecal abscess, or to necrosis of and one of the phalanges. Originating often in some slight puncture or poisoned wound, the inflammation is very acute and the tension and pain severe. Leeching may be of service in the early stage of the disorder, but, if it is not shortly arrested, incisions will be necessary; and it is here that mistakes are often made. The incisions, whether made along the centre or the sides of the finger ought *not* to open the theca or sheath of the tendons, for if the sheath is opened in this position the tendons invariably slough, and the patient is left with a stiff finger. For this reason, incisions on each side of the finger are safer than one in the centre, that may unawares let out the tendons, which will look perfectly healthy at the moment, but soon become sodden and softened.

The synovial sheaths of the flexor tendons of the thumb and little finger are often, though not always, in direct communication with the synovial membrane of the annular ligament of the wrist, and hence matter is rapidly conducted in this way up to and, if not relieved, into the forearm.

As regards removal of a finger, a great deal will depend upon which finger it is. The forefinger is so important on the right hand for holding the pen, that even a stiff forefinger is better than none. The middle and ring fingers are, however, comparatively unimportant, and if stiff are apt to get in the way and become an encumbrance. The little finger si seldom affected by whitlow, and will not materially affect the usefulness of the hand if stiff. As regards the thumb, too much care and trouble cannot be expended upon its preservation. If the terminal phalanx is necrosed, it can be extracted as in the other digits; and if the first phalanx, or even the metacarpal bone, is necrosed, either may be extracted, and leave a shortened but very useful thumb.

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Expert Testimony.

We assume that expert testimony, as such testimony is now generally understood, is conceded to be very unreliable, and that the injustice of compelling a professional man to give his time and opinion, it matters not how little the latter may be intrinsically worth, is admitted. The essentials of all testimony, and particularly, perhaps, of expert testimony, are a proper qualification on the part of the witness to give evidence, and a mind incapable of giving to facts a shading in support, or to the detriment of any party to the cause. The desideratum is to secure these essentials, and the question is, how can this be done? A great many suggestions have been made with this end in view, but while it would be interesting, it would scarcely be profitable to pass them in review. It goes without saying that the medical expert giving an opinion in evidence should have a sufficient knowledge of the subject to warrant him in venturing such opinion; he should be possessed of more than a mere smattering of knowledge of the branch of medical science on which he is called to testify. Were this requirement enforced in our courts of law, a great reform would be effected. That the general practitioner is, as a very general rule, unable to fulfil this requirement, it needs no argument to prove to those who have the slightest familiarity with scenes of daily occurrence in our courts of law. The term "expert" implies especial qualifications in the particular direction in which he professes knowledge. With this conception of the term, it will be admitted that it is somewhat presumptuous on the part of him whose life is devoted to the treatment of general ailments, to lay claims to being an expert, for instance, in insanity, or surgery, or chemistry,—the branches of medicine on which the court most frequently requires instruction. The summoning of such a witness to give testimony on such questions is little better than a burlesque. He knows nothing of the subject, in most instances, save what he has acquired from the books and crammed for the occasion.

The manner in which expert witnesses are brought into a case, moreover, almost necessarily precludes the possibility of an unbiassed opinion. Our consideration of this point in a previous number makes it unnecessary to say more on it now than to remark that the expert is chosen, not so much because of recognized qualification to give an opinion, as because of the moral certainty that such testimony as he shall give will be in support of the cause of the party at whose instance he is summoned.

Again the question presents itself, how can the abuses indicated be best remedied? We have seen no better plan outlined than one suggested by Professor John J. Reese, of the University of Pennsylvania. It is based on that which has long been in vogue in Prussia, and is modified to adopt it to American practice. It provides for the appointment by each State of one or more thoroughly educated practical physicians, properly trained in all the details of medical jurisprudence, including toxicology. These shall be known as "State Medical Experts." It shall be the duty of such an official to attend criminal trials when summoned by the court, and shall sit with the judge as the *amicus curiæ*, giving special attention to such points as may require the professional assistance of medical experts. He shall be prepared to make requisite medical, microscopic and toxicological investigations in any case requiring them. Being entirely independent and removed from temptation, his "opinion" would be grounded solely on truth, and his moral and professional character and acquirements should be such as to preclude the possibility of error, so far as human infirmity may admit.

Dr. Reese's plan is adapted solely to the case of criminal prosecutions, but it also contains a suggestion of a plan which might be adopted with advantage in civil cases, the suggestion being to secure by the appointment, on a proper salary, in each judicial district, of a similar *amicus curiæ* to that suggested for the State. The existence of such an officer need not deprive litigants of the right of summoning physicians, either to testify to facts or to give opinions, but it would result in assisting the court to discriminate between the reliable and the unreliable, and in preventing the rejection, as now very generally happens, of all medical expert testimony, that submitted by one side being allowed to neutralize in the mind of the court that presented by the other side.

This whole question must in the near future receive attention, and it will become the medical profession to assist in such a solution as will at the same time be to its own advantage, and secure results more conducive to the ends of justice.

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Baseball *versus* Rowing.

The Peninsular state with its beautiful lakes and magnificent water-courses is the natural home of the oarsman, and the finest clubs in the country have been found here in greatest numbers. Our crews have returned more frequently than have those of any other state from contests with outside crews "bearing their shields," or, to speak less figuratively, carrying on high the broom,—that emblem of a clean sweep. The renown of our aquatic athletes has gone beyond our national boundaries, has indeed crossed the main, while the ranks from which have sprung our champions have been replete with those scarcely less valiant on the sliding seat. Our rivers and placid lakes have been alive with fleeting shells, and oared craft of all sorts has abounded.

The above is what has been, and was even up to the opening of the present season, but is now no longer. A very remarkable change has come o'er all this. River and lake are now well-nigh deserted, and the splash of the oar, and the swish of the rushing sell and the merry boat-song are sounds with which we are familiar only as memory recalls them from by-gone years. Fashion, omnipotent fashion, has introduced a rival, and the world, true to its instincts, follows the new and lays the old on the shelf. The metropolis of our state has succeeded in securing a representation in the base-ball league, and the exploits of its sturdy nine on the diamond field have aroused an enthusiasm throughout this *peninsulam amœnam*, in the presence of which the oar has been laid aside for the bat, and discussions on the stroke of the rower have been squelched by descantings on the "snake" and other "curves" of the pitcher. City and town and hamlet and cross roads have their "nines" and gauntlets innumerable are being thrown down only immediately to be taken up. To say that our young men (aye, and our middle-aged and aged) have run mad on base ball would not be an unpardonable exaggeration. The fever is on us all.

It behooves the man of medicine to look on this matter also with a professional eye, and the first question which suggests itself is as to the wisdom of the change from the oar to the bat; from a hygienic point of view, is it likely to prove promotive of muscular development and physical health? Viewed from this aspect we should pronounce at once in favor of the change. We believe that amateur rowing has been productive of much real injury. The exercise is too violent, and is apt to be indulged in without proper preparatory training, and without any regard to the physical condition. The stroke of a crew is selected because of his superiority in those directions which make the oarsman, and both in preparatory efforts and actual contests the other members of the crew, often quite his inferior, are expected to respond to his demands on them. The vanity and the ambition of the weaker man, or his fear of being held responsible for the failure of the crew to win, are very apt to overcome his prudence and judgment, and in his determination to "keep up his end" he becomes as it is graphically termed "pumped out." The effect on the overworked heart and system is by no means always temporary, and there are more injured in this manner than is wont to be conceded. If boating could be intelligently and judiciously conducted its many attractions would make it a very desirable exercise and recreation, but as it is usually followed it has in it the possibilities of much harm, especially to the undeveloped youth and the young man of sedentary habits and non-manual employment, the very ones who most need some form of systematic exercise. Base-ball has none of these objections, and notwithstanding its split fingers and occasional circumorbital ecchymoses it is a mode of exercise much better adapted to the hot blood and growing frame of youth. Its movements require no strain and make no prolonged demand on heart or other muscular tissue; it secures those quick muscular contractions which, rather than the heavy strain put on the tissues, is what is necessary, while it is full of that spice which gives a game zest. There is probably no other game which so effectually meets the requirements of those of sedentary habits.

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The President.

The week which has just closed, at this writing, has been one of deep anxiety for the fate of our beloved chief magistrate, and for a time it looked as if he must be vanquished in his heroic struggle. The bullet is occasioning no disturbance. The wound, it seems from the bulletins and the assurances of the attendants, is doing well, and has, indeed, been filled with granulations to within three or four inches of the opening. The discharge of pus has thus diminished, the drain on the system growing proportionately less, and until a week ago the patient's appetite was fair, and assimilation apparently good. Suddenly now great gastric irritation supervened, and it was found impossible to administer the blandest nourishment per orem. The nausea was very depressing, and it was for two days feared that the last straw had been added to the burden. Nutritive enemata were, however, retained, and soon the draft made upon the reserve force of a system on which, during health, no demand had been made by excesses, was honored, and slowly the patient rallied and has during the past few days inspired a renewed confidence as to the final issue, although the case is still extremely critical, and should another such demand be made as was made last week it is feared it would not meet the same response.

The secular press during the relapse displayed that characteristic of the laity which is always so trying to the medical attendant. No sooner did the patient show signs of growing worse than the old women (not by any means confined to the female sex) set up the familiar cry, medicine was denounced as a fraud, and the "I told you so's," and "If he would only do so and so's" filled the air from Maine to California. The peculiar shrill cry of the rabid total abstainer was also heard, as usual, above the Babel din, and the giving of alcohol in the case denounced with characteristic volubility of epithet. Neither did our beloved homœopathic brethren remain silent, but lent their squeaking notes to fill the interstices with maledictions on the opium which had been given in the case. They were the same old notes only made more resonant by reason of the boreal blasts which were blown through them from the great and omniscient press.

There is yet much in the President's condition to justify confidence in his ultimate recovery. We regard it as an encouraging fact that as yet, notwithstanding his lengthened decubitus, there have been no symptoms of bed-sores. This argues that there is still left sufficient tonicity of circulation and tissue upon which to base an intelligent hope. The stomach has, in a measure, recovered, and by relieving it from overwork by dividing the office of digestion with the intestines it may not again fail.

There is a suggestive circumstance connected with the President's relapses, viz.: their hebdomadal recurrence. This, notwithstanding the positive assurances that there is no malaria in the White House, is suspicious; certainly were a patient of ours to present such regular periodicity, we should advise his removal, and in our opinion the President's chances would be materially improved were he given the benefit of a change of air. We should, at this distance, advise that the proposed excursion on the salt water, or his removal to some place free from the slightest suspicion of malaria, be undertaken immediately. The fatigue of the journey would be amply compensated by an escape from the monotony and atmosphere of the White House chamber.

The swelling of the parotid gland, which set in on Thursday, was regarded by those who argue the existence of pyæmia in the President's case, as confirmatory of that opinion. The fact, however, that it has subsided without going on to suppuration, would seem to remove its significance as such a symptom. Several theories have been suggested to account for this swelling, among which is the one that retention of secretion due to non-demand occasioned by suspension of food by the mouth. This theory is hardly tenable,—Tanner and Griscom and other fasters experienced no such trouble. The probability is that it had no connection with the President's condition, and was idiopathic rather than symptomatic.

NOTE.—August 22d. Since the above was written the telegraph announces that the belief that the wound had healed to within three inches of the external opening, was due to the fact that a band of tissue had formed at that point. In the dressing on Saturday (20th inst.) a flexible tube was forced through this and carried to a distance of twelve and a half inches, or, as is supposed, to within three inches of the seat of the bullet. The pus which was released by this procedure was, however, laudable. Saturday and Sunday passed without the usual weekly relapse, and the symptoms, taken as a whole, give renewed encouragement.

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Heroic Surgery.

An increasing knowledge of anatomy and physiology is making itself felt in surgery as it probably does in no other department of medicine. Within a few years the removal of the larynx, the ovaries, the stomach and the spleen, has been performed and some of these later operations bid fair to take a place among legitimate surgical procedures. It is a question, however, whether these ventures into unexplored regions are such as merit professional endorsement. While it is true that in the instances recently recorded these operations have been undertaken as last resorts, and that the victims would in all probability soon succumb to the affection sought to be relieved, it is nevertheless a question whether the surgeon is justifiable in substituting an almost immediate death for one which, with judicious medication, may be postponed for years. In our opinion human life is too sacred a thing to be tampered with, and unless an operation offers a reasonable hope of recovery, that is, unless the chances of recovery outweigh those of the patient's succumbing, the treatment should be palliative and the surgeon should not be allowed to anticipate nature's one work. Judged by this standard Billroth's removal of the stomach and the recent removal of hypertrophied spleens in Milan and in this city were not legitimate operations, and we believe that the comment of the *Medical Times and Gazette* on Dr. Chiarleoni's operation of splenectomy, in which death followed in a few hours: "even in these days of heroic operations, it is very questionable whether the operation can be justified," will receive the endorsement of the general profession.

It seems, however, that we must prepare ourselves for something more "heroic" in the way of surgery than anything yet attempted. The *Beilage zum Centralblatt für Chirurgie* reports that at a congress held in April last a Dr. Zeller, of Berlin, suggested, as a prophylactic measure in operations about the mouth and throat, that the trachea be divided about the third and fourth rings, and the cut ends attached at opposite sides of the incision in the skin so that the discharges from the 'wound of the operation proper would not find their way' into the lungs. After the operation the divided ends are to be brought together again. This is a somewhat bold suggestion but it cannot compare with that of a Dr. Gluck, also of Berlin, who hopes sooner or later to have an operation for the complete removal of the bladder and the prostate, introduced into surgery. Gluck claims to have successfully performed the operation on dogs, and says it may be performed on man without even opening the peritoneum, the ureters to be fastened to the wound in the abdominal wall. In the dogs on which he experimented the attachment of the ureters to the rectum or the urethra has not been well borne.

We are apparently on the eve of some startling surgical developments.

Ergot in the Sweats of Phthisis.

Prof. J. M. Da Costa in a clinical lecture (*Medical News and Abstract*) delivered at the Pennsylvania Hospital, after passing in review various remedies which he had employed against the sweating of phthisis: atropia, salicylic acid, muscarine, picrotoxine, Dover's powder, oxide of zinc, the mineral acids, calabar bean, etc., pronounces in favor of ergotine as the remedy best calculated to relieve this troublesome complication. A great many of the agents employed in this condition are given empirically, though some take into account the supposed pathology of the sweats and apply the fine experimental therapeutical research of the laboratory to the benefiting of a serious symptom. The latter method might be followed with more accuracy were the pathology of the occurrence better understood; if it were known how it is that the morbid conditions act on the sweat centres which are so profoundly disturbed. Both physiology and pathology are in this matter of sweating, alike in health and disease, still a good deal in the dark, notwithstanding such excellent observations as those of Luchsinger, Nawrocki and Vulpian, and the increasing knowledge concerning the sweat centres situated in the medulla and adjacent cord.

Experience in the use of atropia proved this article to be valuable in many cases, but it has many drawbacks, such as dryness of the throat, derangement of vision and other constitutional disturbances, some of which may, however, be relieved by jaborandi. Dr. Da Costa has found in ergotine an agent which possesses some of the certainty and permanence of action of atropia, without its drawbacks. His first observations were made some years ago with the fluid extract of ergot, but he has abandoned this for ergotine as better and more easily administered. The power of ergot in contracting the arterioles and checking excessive discharges suggested its use in these sweats. The dose of ergotine is usually two grains three or four times a day and by the second night its influence begins to be manifested. The remedy may then be continued and gradually abandoned; it produces no annoyance whatever and its good effects continue after it has been withdrawn. It will fail or lose its effect, as every other remedy will fail or lose its effects, in the treatment of such an unrelenting disease but the proportion of failures is small compared with that of the successes.

As compared with atropia the immediate results of ergotine are far inferior but where speedy and decisive action is not demanded, where it is necessary to keep up a remedy for some time, and where to do so with atropia becomes very difficult or occasions discomfort and distress ergot is an agent to which we may turn with confidence.

Pulmonary Gymnastics.

The attention of the profession has been particularly called during the past two years to the beneficial effects of deep voluntary inspirations as a remedial measure in phthisis, more particularly in the incipient stage of the disease. The reports of the results of this method are very unanimous in attributing to it a success which would certainly warrant the profession in subjecting it to a more general trial. There is reason, moreover for believing that the benefits accruing from a residence in mountainous regions and high elevations, Colorado for instance, are due rather to the forced respiration rendered necessary by the rare atmosphere than to any inherent quality, of dryness, or ozone, or what not, in the air itself. Local changes in the lungs, are, it is no longer disputed, not the first symptom of phthisis, although such changes may have set in before the physician has been consulted. There are first the general lassitude, the dyspnœa attending slight exertion, often the sense of heaviness or dull pain in the lungs and mental, symptoms of depression and disclination to exertion. An examination of the chest at this time is negative of results but soon such examination reveals circumscribed dullness and bronchial breathing. This latter condition is not yet properly one of disease and seems to be rather a collapse of the air cells from lack of proper respiratory movements to fill them with air. A continuance of this state results in a change in the walls of the air cell, a loosening of their epithelial lining which, acting as foreign matter, induces changes which lead to a breaking down of the tissue. These changes have been ascribed to inflammation but it has not yet been demonstrated that inflammation is necessarily the starting point of phthisis. It is at this stage that forced inspiration proves a serviceable adjunct to tonic and supporting treatment, distending the air cells and relieving the stasis which is the forerunner of a breaking down of the tissues.

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Resorcin in Cholera Infantum.

The introduction of this new agent into therapeutics promises important results especially in affections requiring the internal employment of anti-fermentative and anti-putrefactive agents. One of these affections is cholera infantum in which it is an important point in treatment to prevent decomposition of food other than that which takes place normally in digestion. The *London Medical Record* gives the conclusions of Dr. Totenhöfer, of Breslau, as published in the *Breslauer ärtztl. Zeitschrift*, after his employment of the resorcin in an epidemic of cholera infantum, during which he treated with it 91 patients. Of these 17 died, but the result in three was due to complications (pneumonia, croup and meningitis); deducting these the mortality was 15.4 per cent., against 34.4 and 30.7 per cent., the two previous years in which other treatment had been followed. Dr. Totenhöfer claims the following properties for resorcin: 1. The vomiting ceases. 2. Symptoms of collapse are neither caused nor increased. 3. The number of stools is diminished. 4. Resorcin is not so irritant as carbolic acid, but quite as antizymotic. 5. It is readily taken without any corrigent, and is well borne. 6. It brings about rapid absorptive action in the stomach and intestine. Andeer gives adults internally a solution of 15 to 30 grains in 3½ ounces of water; and in accordance with this the drug was administered to children during the first months of life, in a solution of 1½ to 5 grains in 2 ounces of infusion of chamomile. Soltmann, in whose clinic the treatment was carried out, gives subcutaneous injections of ether when collapse is present, before commencing the resorcin treatment; in cases of peritoneal irritation after removal of collapse, resorcin with one to three drops of tincture of opium.

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Eye Strain as a Cause of Headache.

Dr. Edwin W. Hill, of Glen Falls, N. Y., calls attention, in the *Medical and Surgical Reporter*, to a point in the etiology of headache which, though before suggested, has certainly not been generally understood, and one which, if heeded, may be of great value in our treatment of headache, that *bete noir* of medicine. It is no longer a theory, says Dr. Hill, but a known fact, that headache, whether habitual or periodical, spinal irritation, dizziness, nausea, insomnia inability to do mental work, general failure of health, and St. Vitus' dance may be due to eye strain. In this opinion he is supported by Dr. Jones, of Queen's University, Ireland, whom he quotes, who says: "How many an unfortunate might escape a world of drugging if the practitioner could recognize the effects of astigmatism in the headache, the dizziness, the inability to do work, symptoms so often referred to the stomach—all corrected by suitable glasses." The fact that eye strain may exist without any symptoms directly referable to the eyes, just as in hip disease there is seldom any pain in the hip, should suggest an examination of the eyes in persistent headaches not traceable to other causes. The writer reports a number of cases in support of his proposition, in which the adjustment of proper glasses wrought an immediate and permanent improvement in the distressing symptoms. He summarizes his views as follows:

"1st. That headache, whether habitual or periodic, is in the great majority of cases due to eye strain.

2d. Eye strain, when it exists, will always cause the following train of symptoms: Pain in front or back of head; pain along the spine; nausea; insomnia; nervous irritability; nervous prostration, and often the following: Neuralgia of the head and face; palpitation of the heart, and atonic dyspepsia, all of which are not cured, but only relieved, by drugs. But remove the strain, either by glasses or prism treatment, or both, and you cure the patient."

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Miscellany.

The President's Case.—The following caustic satire, from the *Graphic*, is, nevertheless, a very correct digest and resumé of the bulletins which have appeared during the last six weeks. The dissatisfaction with the official reports on the President's case has by no means been confined to the laity:

"The ball has not been found. A "distinguished physician" says that it is probably inside of the President. The President is cheerful and determined to recover. A "prominent physician" says that he will certainly recover. Another says he certainly will not recover. The course of the ball is unknown. But it perforated the liver. There have to-day been dark forebodings concerning the President. He is not so well. It is asserted that he has really been in great danger during the last three days. Secretary Blaine's face wears an anxious look. The ball did not go through the liver it grazed it, however. The strongest hopes are entertained of the President's recovery. The ball has been located. It lies peacefully near the right iliac region on the cardium. Another incision was made in the President to-day. More tubes to facilitate the flow of pus have been inserted. The President is cheerful. All are now sanguine of his speedy recover. Grave apprehensions are entertained concerning the President. He is too weak to move a limb. The President nearly sat up to-day and ate the wing of a chicken. Splinters are coming out of the wound. Facts concerning the President's real condition have been kept back. The public have been deluded with false hopes. A consultation of distinguished physicians has been held this evening. It was resolved again to cut into the President. The surgeons' knives have been sent to a distinguished cutler's to be sharpened. A "distinguished physician" of Washington, who has not been called upon at all to survey the case, gives it as his opinion that the treatment of the President has from the first been radically wrong. He believes the ball not to have touched the liver at all, but lies in the fleshy integuments behind the abdominal wall and four inches from the excoriosis of the duodenum. The President bore another operation to-day cheerfully. The ball has been located again by an electric apparatus. It lies behind the excordium of the camera. It seems moving around in the President at a lively rate. Some alarm is felt to-day. Another operation is in contemplation. The physicians held another consultation last evening. Secretary Blaine's face wears an anxious look. More pipes have been inserted to faciliate the drainage of pus. It is thought that the ball, wherever it is, is now enclosing itself in a cyst. Seven newspaper reporters intend taking out diplomas and enter on medical practice as soon as President Garfield recovers, having fully qualified themselves by their study of this and parallel cases, as well as by daily interviews with the most prominent of the physicians in charge of the ruler of the nation. There is no further doubt concerning the President's speedy recovery. A new location has been found for the ball. It went near but never touched the liver. The President's convalescence must be very slow. He is a very sick man. A "distinguished physician" has found the ball. It lies under a blue spot on the abdomen. It never went near the liver. Another operation on the President is contemplated if room can be found to make a fresh incision.

A new probe has been invented by a New England man to explore the course of the wound and inside of the President. It is three feet long and works with a crank. The President and Secretary Blaine are delighted with it. The new course inside the President which has been surveyed and staked out for the ball meets the unqualified approval of the Cabinet and a majority of the "most distinguished physicians" in charge. Secretary Blaine's face no longer wears an anxious look. Room has been found on the President's body for a new incision. It will be made to-day. Much anxiety prevails. The President bore the operation cheerfully. He seems now almost to like being cut up and into. Dr. —— has made a new diagram of the course of the ball. He thinks it attempted a northwest passage to the lumbar region, but being diverted from its course by the eleventh rib went due south and settled in the ex-fossilary bilarious. Four bales of boneset, catnip, hoarhound and liverwort sent by elderly New England ladies for the President's use have to-day been removed from the White House. A new probe was sent in to-day, the invention of a Western man. It is worked by horse power, and the inventor claims that it will locate lead or any other mineral in the human form divine, and can also be used as a divining rod to point out hidden treasure. A prominent physician thinks he has found room on the President's body for another operation. Hope now pervades every countenance. It is confidently expected that the distinguished patient will survive all the operations of the "distinguished physicians."

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OBSTETRIC APHORISMS.—Dr. H. Webster Jones, of Chicago, as chairman of the Committee on Obstetrics, closed his report to the Illinois State Medical Society with the following valuable and suggestive sayings. With these as his guide, the practice of the obstetrician of to-day would furnish less work for the gynæcologist:

1. An intelligent confidence once thoroughly established between patient and physician does much to banish the terrors of the lying-in room.

2. It is possible to foresee and prevent the occurrence of the almost fatal form of eclampsia gravidarum.

3. Cleanliness is especially next to godliness, in the case of the accoucheur. Its absence renders one liable to professional homicide.

4. The modern midwifery must not be meddlesome, but must be mediatorial in the sense of palliating suffering, expediting nature's processes by well proven means, and removing scientifically all inexplicable, accidental or morbid states and conditions. Idleness is no longer an approved qualification for a degree of obstetrics.

5. The hand is the best uterine dilator.

6. The forceps should never be employed until the os uteri is dilated or dilatable, and then not unless the membranes have been ruptured and labor delayed unnaturally for at least an hour. Every practitioner should become skillful in their use, and they should never be left at home for fear of temptation.

7. Unnecessary and avoidable delays in labor are fruitful sources of gynecological practice. They promote inflammation and sepsis.

8, The patient's hopeful confidence, and the physician's industrious attention, actually contribute to the physiological elements of labor. Anæsthetics here, are, to say the least, superfluous.

9. Bi-manual aid in effecting the deliverance of the placenta, is not only proper but advisable. Skillfully rendered, the cry of "uterine inversion" becomes no longer a bug-bear.

10. The continuous and intelligent counterpressure over the fundus uteri during the child's exit, the delivery of the placenta and the period of frequent oscillation, be that a shorter or a longer time, is a safeguard never to be neglected.

11. Pursuant to the same end, the application o

the bandage and its continuance, as long as the uterine globe can be felt and embraced by it above the pubis, contributes not only to comfort, but to speedy involution. After the seventh day, close pressure must be interdicted.

12. Puffiness of one ankle, with tenderness of the corresponding groin, and an abnormally quickened pulse, with or without copious sweating, noticed within the first ten days after labor, betoken the presence of phlebitis, and the possibility of embolism or thrombus, and resultant sudden death.

13. The duties of an obstetrician are not concluded until a careful examination, from six to eight weeks after parturition, proves the integrity of all the organs concerned.

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THE DOCTOR'S PRAYER.—Apropos af the Apothecary's Prayer, which created considerable amusement at the Richmond meeting of the American Medical Association, Dr. Landon, of Remington, Indiana, favors us with the following parody clipped from a local paper:

"O, thou great and mighty Esculapius, hear, we beseech, this our petition, and grant, we pray thee, the requests herein contained, for our wants are many, and wherewithal to supply our necessities is *non comatibus*. Send, we pray thee, a plentiful supply of intermittent fevers, that shall make our people go straightway to the doctor, for in this lies the only hope of accumulating shekels. The sound of belly ache has not been heard in the land round about for an exceeding long time. Wilt thou in thy goodness send as a personal favor to thy petitioner a few cases of cholera morbus, for of this he makes a specialty, and the season for that blessing is now here. In thine own good time wilt thou see that the usual amount of ague is on hand, and if consistent with thy will, have the time come quickly. Thou knowest, oh thou mighty one, our dependence upon the ills that afflict the human family, and wilt thou abundantly supply our wants. Mumps, whooping cough, measles and scarlet fever we esteem as special blessings. Should we inadvertently be the instrument of sending some poor mortal to his long home, we pray thee that we be allowed to balance the account by being instrumental in bringing to the light of day four new-born infants (price $5), which we will be employed to take through teething, colic and cholera infantum at reasonable charges. If in thy goodness thou canst furnish us as permanent patrons with ample means, a few old women whose ills are imaginary, we promise to do our best in keeping them convinced that they are in a critical condition, so long as their money holds out. Diphtheria and small-pox we don't hanker after, but broken bones and cancers are our special delight. Of these grant us a supply. For recreation we choose toothache and felon. The one we yank with a vim, and the other we lay open with as much pleasure as we quarter a melon. And now we earnestly and humbly ask that you suffer to be brought to our office, in the dead hour of night, a perfect specimen of human anatomy, that we may dissect the same, as our knowledge of anatomy is growing weak from long disuse, and—OH LORD!"

The petitioner is here suddenly interrupted, and the supplication is cut short.

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WHAT IS ROTHELN?—Dr. W. W. Cochrane, Atchison, Kansas: "In a recent number of your invaluable NEWS there is a report of a paper and discussion on a disease for which five professors fail to give a name. Is it possible that medical writers should for forty years fail to name a disease, *per se* prevalent at least in this country and Germany? Why did not these Professors give the differential diagnosis from Roseola, surely the similarity of symptoms cannot be mistaken? Surely these Professors would not ignore Wood, Watson, Williams, Tanner, Flint, Da Costa and others. This same disease appeared here last winter, and was variously called Rotheln, German Measles, False Measles, Black Measles. I called it Roseola. You would confer a favor by enlightening your reader on the subject."

[We should be pleased to give our correspondent the desired information, but do not feel able to be any more explicit than were the gentlemen whose discussion we reported in the issue he refers to. If to give a disease a name were to explain its nature, pathology would be comparatively easy. Dr. Cochrane calls the affection Roseola, but this is an instance in which we may fitly exclaim "What's in a name?" Roseola is no more expressive of the nature of the affection than Rötheln. Indeed it is but a translation of the German term and expresses only the fact that the eruption is rose-colored,—"a rose-rash." Roseola may be symptomatic or idiopathic; that is, when we are able to detect a cause, as ingesta of lobsters, mushroons, etc., for instance, we call it ros. symptomatica, but when the cause is not traceable it becomes, in our nosology, ros. idiopathica, which latter is a synonym for ignorance. Roseola, so-called, differs from scarlatina and measles in the appearance of the eruption, in its freedom from complications and in the fact that it is non-contagious, and is not followed by sequelæ. Its etiology is its chief point of interest, and the most that can be said on this point is at best conjecture. It (ros. idiopathica) is evidently due to telluric influences, but this, we admit, is somewhat indefinite.—ED.]

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REVELATIONS UNDER ETHER.—The confessions of the person undergoing anæsthetization are sometimes veritable revelations, although generally little credence is placed in them. Dr. Tom Bird, instructor in the use of anæsthetics at Guy's Hospital, calls attention in the *Lancet*, to certain interesting points of difference between the effects in this direction of the several anæsthetics employed. Under chloroform the ramblings are disconnected, illusory and easily diverted, and occur mostly during administration; under methylene bichloride the remarks are mere gibberish and never noisy. The utterances of ether, however, are more connected, and are calculated to impress one with the belief that there is reason in the madness. Dr. Bird relates two interesting and instructive cases. One was that of a young man who literally confessed for two hours after an operation, during which he had been under ether for ten or fifteen minutes; as he expressed it in the evening: "I knew what I was saying perfectly. I knew that I ought not to say it, and you ought not to have left her (the nurse) in the room." He was right, but the doctor did not know it until about eighteen months afterwards, when he had another case. It was that of a young married woman, whom he saw half an hour after an operation under which ether had been employed. She was recounting to her mother (not present), in the clearest tones, subject matter which she would probably not have confided if conscious; it was a subject which had evidently been laid by in memory. The lady was a person of education and refinement, but all effort to restrain her was without the slightest avail; she insisted on making her bedroom a "Palace of Truth."

The moral of the cases is that the ether patient should be left only in the care of a discreet and responsible nurse until complete self-control returns. Might not etherization be made available in the detection of crime in cases in which the prisoner's mouth is hermetically sealed? Or would this be trespassing on the rights of the individual?

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EVOLUTION.—In a recent lecture before the Summer School of Christian Philosophy, at Greenwood Lake, Prof. Alexander Winchell, of the University of Michigan, discussed the speculative consequences of evolution. Speaking of the predicament of those who stake all religious truth on an allegation of the untruth of evolution, in case the method of nature is finally found to be a method of evolution, he said: "At this moment the well-nigh unanimous verdict of the scientific world sustains the doctrine of evolution. This verdict is one of the criteria of truth. Repudiation of it is a hazard which only rashness and ignorance will incur. To stake all religious belief on such repudiation is to throw all of man's spiritual interests upon the hazard of a die. As I understand it, the recognition of a method of evolution in nature's operations does not involve consequences deleterious to a spiritual faith, but is a means, on the contrary, for approaching into closer relations with the immaterial forces of the Divine government of the world. We must first establish a clear conception of evolution. Multitudes of men imagine evolution and Darwinism to be synonymous terms, if they do not even believe them synonymous with materialism, as is so often charged. I conceive the evolution which I discover in nature to be the progressive differentiation of an identical existence. It proceeds from the more general to the more special, from the homogeneous to the heterogeneous. It means that new forms of existence are only older existences transformed and not new beginnings of existence. Every department of the cosmos has had a history, and every present is the outcome of a past. It takes no cognizance of special originations, but only of the history which follows. Evolution, I say, knows nothing of creation. This is not because it contravenes creation, but simply because creation is an event which does not come within its purview. Evolution is the name of a mode of continuance, not of a mode of beginning. It can neither affirm nor deny any mode of origin."

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THE SKUNK AS AN ANÆSTHETIC.—Dr. W. B. Conway, in a communication to the *Va. Med. Monthly*, reports a newly found property in the smell of the skunk. Some students at the Virginia Agricultural and Mechanical College having secured a two-ounce bottle of the odoriferous fluid of the Mephitis Americanæ, concluded to play a trick on one of their fellows with it. Entering his room, they held him and administered the savory liquid by inhalation *secundem artem*. In a short time the symptoms alarmed them, and Dr. Conway being summoned, found the victim completely anæsthetized—total unconsciousness, relaxation of muscular system, extremities cool, pupils natural, breathing normal, pulse 65, temperature 94° (?) He remained in this condition for one hour. Small quantities of whisky and hot pædiluvia were administered at intervals, there being some difficulty at times in swallowing. The symptoms passed off, leaving only a slight headache, which also disappeared after a night's sleep.

The above is very interesting, and if the new anæsthetic could but be deodorized, it might supply "a long felt want."

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STERILITY IN MALES.—M. Sinety, at a recent séance of the Societé de Biologie, made a report on the matter of sterility, which may result in distracting attention from the much abused womb of the modern barren female. It is customary when children are not forthcoming, in spite of well directed effort, to interrogate the female organs of generation, and the onslaughts on that important apparatus are numerous and persistent. Seldom is the male suspected of incompetency. M. Sinety, however, is authority for the statement that not infrequently it is the male's fault, microscopical examination showing absence of spermatozoa. He furthermore states that presence of spermatozoa does not necessarily demonstrate the fecundity of the individual, much depending on the activity and vigor of the fecundating material. Four cases in which M. Sinety practised artificial fecundation (*a la* Sims), the spermatozoids had not sufficient vigor to reach the external third of the fallopian tube. All of these individuals were young, but two were phthisical, and the two others were of feeble constitution. It may be well, therefore, to see to the male before performing Emmet's operation, or resorting to any of the other experiments having impregnation in view.

* * *

The *Medical Bulletin* informs us that "Dr. S. W. Bliss, the President's *chief physician*, is a native of New England, a member of the American Medical Association, and during the war wsa a volunteer surgeon." There is one Dr. *D.* W. Bliss, now in attendance on the President, who formerly resided in this city and at other points in this State. He and his brother left here as volunteer surgeons, and were present at the first battle of Bull Run. The suspense after that encounter was for a time very painful, but it was in a measure relieved by the following memorable telegram from Dr. D. W.: "Me and Zenas is safe." From these historical facts it has been charged that the President's "*chief physician*" is a Michigan man. We are under obligations to our contemporary for relieving us of this imputation. With this sense of obligation on us, we are happy to be able to deny the *Bulletin's* assertion that Dr. Bliss is a member of the American Medical Association. He was a member in 1870, but is not now. Had he been a consistent member he would not have been the President's "*chief physician*" at this time. He occupies that position simply by the grace of cheek, and in violation of all rules of ethical propriety. Dr. Townshend was first in charge after the shooting, and the case was his, by all recognized rules, until the family physician could be called, but Bliss crowded him out. Dr. Baxter, the family physician, was out of the city at the time of the shooting, but returned immediately on receiving the news, and presented himself at the White House. Bliss, however, refused to allow him even to see the patient. Drs. Townshend and Baxter were thus both, with the utmost shamefacedness, defrauded of their rights, their gentlemanly instincts, and the sad circumstances of the attempted assassination preventing a defence of them against Bliss's attack. We cheerfully coincide Bliss's nativity to New England.

Walsh's Retrospect gives the following report of a conversation which occurred between Dr. Baxter, the President's family physician, and Dr. Bliss, the "*chief physician*" now in charge:

Dr. Baxter—"Doctor, I have come to ask you to take me in to see the President."

Dr. Bliss—"Well, I don't see the necessity of your seeing the President; I wish to keep him quiet."

Dr. Baxter—"I make the request as the President's physician. I have for years been his physician."

Dr. Bliss—"Yes, I know your game; you wish to sneak up here and take this case out of my hands."

Dr. Baxter—"I wish nothing, Dr. Bliss, except what I am entitled to. If the President prefers that you should take charge of the case, I haven't a word to say."

Dr. Bliss—"Well, you just try it on. I tell you that you can't do it. I know how you are sneaking around to prescribe for those who have influence and will lobby for you."

Dr. Baxter—"That's a lie."

Dr. Bliss's son interfered at this juncture, and the unparliamentary language was not supplemented by the usual physical demonstrations.

It is amusing and not uninstructive to note the praise which is sometimes heaped on a professor in a medical college by a local rival, as soon as he has resigned. Qualities of which he was never before suspected are then accredited him. An instance happened in Ohio a year or two ago, and is now duplicated in Louisville, Ky. Dr. John Goodman has resigned the chair of Obstetrics in the Louisville Medical College, and the *Medical Herald*, which we may remark is certainly not conducted in the interest of that college, announces that the resignation will be much regretted by the friends of the school, that it is a severe loss to the school, that he was their best teacher, and that it will be difficult adequately to fill his place. It has not yet been stated where Prof. Goodman is to lecture in the future.

The iodide of starch is advocated by M. Bellini, of Florence, as a general antidote to poisons. It has the advantage of absence of disagreeable taste, and being free from irritant properties, it may be administered in large doses even when the nature of the poison is unknown. It is an antidote to sulphuretted hydrogen gas, the alkaloids and alkaline sulphides, ammonia, and especially the alkalies, which form insoluble iodides with iodine. In cases of recent acute poisoning its administration should be preceded by an emetic.

Dr. Hammond uses instead of the alkaline bromides the bromine itself, giving a mixture of one drachm in eight ounces of water. He claims the same effects as derived from the former, with the advantage of absence of the acne and ulcers, which are so prone to follow the administration of the bromide of potassium, particularly.

The *British Medical Journal* is authority for the statement that the Shetland Islands, with a population of 27,000, exclusive of a single burgh (Lerwick), has only six physicians. One doctor to 4,500 patients! What a contrast to this country with its proportion of one doctor to every 600 of the population. The objection to a residence in the Shetlands must be very grave when such an inducement as this cannot overcome it.

The Empress of Austria on one occasion summoned Skoda to see her professionally, and the doctor presented himself at the palace in his ordinary costume, which was at no time overly neat. An objection to his admission was raised by an attendant on account of unsuitable attire. Skoda simply remarked: "If her majesty desires to see my coat, I will go home; but if she desires to see me, she will see me as I am." The doors were thrown open forthwith.

The *American Medical Bi-weekly* talks learnedly of a something which it calls "Koino-mataria," and says it is generated on the low grounds of the Potomac. Is it alive, Brother Gaillard, and is it an animal or a vegetable? What fearful things these scientific fellows are unearthing, to be sure! The *Bi-weekly* also has an article headed, "Dr. Da Casta on Dialized Iron," from which it would appear that the scientific editor is also something of a speller.

Somewhat embarrassing. Dr. N. to spinster about his own age who consults him very frequently for ailments quite imaginary: "Really Miss ——, I begin to think you wish me to have a large slice of your fortune." Miss ——, who is madly in love with our aged but still gallant bachelor: "My dear Dr. N., I only wish you would take it all." Tableau vivant.

Ricord, the French syphilographer, has written a book entitled "The Nineteenth Century Seen Through a Speculum." It is not to be published until thirty years after the author's death. We have heard of taking time by the forelock, but this beats all.

Medical Times: "Using the *Index Medicus* as a guide, we find that in the world last year 11,700 doctors thought they had something new to say. or some new way of saying something old. Mostly they were moved by vanity, and surely the outcome is vexation of spirit."

The *Evening News* is responsible for this: "There were 15 pairs of twins born in Port Huron during the present year, and hundreds of families who have been exposed are anxious lest the disease be contagious."

Book Notices.

A Practical Treatise on Impotence, Sterility and Allied Diseases of the Male Sexual Organs. By Samuel W. Gross, A. M., M. D., Lecturer on Venereal and Genito-Urinary Diseases in the Jefferson Medical College, of Philadelphia; Surgeon to, and Lecturer on Clinical Surgery in the Jefferson Medical College Hospital, etc. 8 vo., pp. 174, sixteen illustrations.
Philadelphia: Henry C. Lea's Son & Co. Detroit: Thorndike Nourse.

Human happiness is very closely associated with sexual competency.

The subject treated in Dr. Gross's book is one which, notwithstanding its importance and the wide prevalence, real as well as imaginary, of the affections discussed, has received comparatively little attention at the hands of scientific writers. It is disposed of in ordinary text books, when they treat of it at all, in one or two very brief chapters. This is certainly a mistake, for when the mental effects of impotence and spermatorrhœa, *per se*, are considered in addition to the physical impairment which is either an effect or cause of these, the importance of such aid in their treatment as books can supply will be apparent.

Dr. Gross combats the general opinion that spermatorrhœa is a functional disease of the testicles, maintaining that it usually depend upon reflex disturbances of the genito-spinal centre, induced or maintained, almost invariably, by lesions of the prostatic portion of the urethra. This lesion may not be perceived by the patient, and is very apt to be overlooked by the physician. The treatment is thus principally local.

Impotence is divided into four varieties: Atonic, Psychical, Symptomatic, and Organic, each of which is separately discussed.

Sterility does not imply impotence inasmuch as it may exist with perfect ability to copulate; the term implying a lack of spermatozoa of proper vitality, in the ejaculation. It may be due, first, to azoospermism, or the condition in which no semen whatsoever, or unproductive semen, is secreted; secondly, to aspermatism in which the spermatic fluid is not ejaculated because of impediment situated between the seminal vesicles and the urinary meatus; thirdly, to misemission or failure to deposit the fertile semen in the upper part of the vagina, in consequence of congenital deficiency of the urethra, or of fistulous openings in that canal.

Dr. Gross has collected 192 cases of sterility in which examination demonstrated that in thirty-three or seventeen per cent. the husband was at fault. In thirty-one azoospermism existed and in two aspermatism. These facts show that the husband is at fault in one case in six.

The book is a valuable contribution to this important subject, and will prove serviceable to its possessor.

Compend of Anatomy, for Use in the Dissecting Room and in Preparing for Examinations. By John B. Roberts, A. M., M. D, Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, etc.
Philadelphia: C. C. Roberts & Co., 1118 Arch St.

Our readers know our opinion on compends, and therefore any review of this little book is forestalled. In justice, however, we must say that the book shows evidence of careful work, and is better than books of a similar nature and like design, from the fact that its style and arrangement permits of more matter in the same space. We could even recommend it to a student, were he to satisfy us that by studying it more he would not study his Gray less.

Habitual Mouth-breathing. Its Causes, Effects, and Treatment. By Clinton Wagner, M. D., Professor of Diseases of the Throat, University of Vermont, Senior Physician to the Metropolitan Throat Hospital, New York; etc.
New York: G. P. Putnam's Sons, 27 and 29 West 23d St.

Dr. Wagner says that the habitual mouth-breathing and the long train of evils consequent thereon, have attracted his attention for many years, but particularly so since he took up his specialty—more than ten years ago. It will be news to the great majority of the profession that "a long train of evils" is caused by breathing through the mouth, but Dr. Wagner is authority for the statement that this manner of breathing is largely responsible for nose, throat and ear affections, pigeon breast and asthma. The child should be trained in infancy to breathe solely through its nostrils, and when, through disease, the nose becomes obstructed, no time should be lost to effect its complete patency.

The following pamphlets have been received:

THE "NORTH AMERICAN REVIEW" for September opens with a profoundly philosophical article on "The Church, the State, and the School," by Prof. William T. Harris. M. J. Savage treats of "Natural Ethics," showing that the principles of morality are rooted in man's nature, and are the products of evolution; consequently, that they are not affected by the vicissitudes of dogma or religious creeds. The Hon. John A. Kasson gives a history of the "Monroe Declaration," and proves that the credit of formulating that cardinal doctrine of American statesmanship is due to John Quincy Adams. The Rev. Edward Everett Hale writes of the Taxation of Church Property. He would have all churches taxed in form, but exempt in practice those which by their charitable work help to lighten the public burdens. The other articles in this number of the "Review" are "Jewish Ostracism in America," by Nina Morais; "The Decay of New England Thought," by the Rev. Julius H. Ward; "Ghost Seeing," by Prof. F. H. Hedge; and "Factitious History," by Rossiter Johnson. The latter article is a scathing criticism of Jefferson Davis's recently published historical memoir. Fifty cents per copy. Five dollars per year. Address, "The North American Review, New York, N. Y."

TUBERCULAR LARYNGITIS OR LARYNGEAL PHTHISIS. A paper read before the Ann Arbor Medical and Surgical Society by C. J. Lundy, M. D., Professor of Diseases of the Eye, Ear and Throat in the Michigan College of Medicine, Detroit. Reprint from Physician and Surgeon.

AN ESSAY ON ANTISEPTIC SURGERY; Read by appointment before the Luzerne County Medical Socity, by George W. Guthrie, M. D., Wilkesbarre, Pa. Published by request of Society.

GLAUCOMA CAUSED BY MENTAL WORRY, illustrated by the report of a case. By Leartus Connor, A. M., M. D., Detroit, Mich. Reprint from Detroit Lancet.

CARTWRIGHT PRIZE ESSAY. Observations with the Hæmacytometer upon the Globular composition of Blood and Milk. By Frederick P. Henry, M. D., Physician to the Hospital of the Protestant Episcopal Church, Philadelphia. Philadelphia: F. A. Davis, Att'y, 923 Chestnut St.

TRICHINÆ, how to detect them, and how to avoid them. By John Phin, editor of the "American Journal of Microscopy."
Rochester: The Bausch & Lomb Optical Company.

Original Articles.

Pleuro-Pneumonia.

BY PROF. J. M. DACOSTA, M. D., PHILADELPHIA.

This patient, a sailor, is 30 years of age, and single. He was born in Massachusetts; admitted Oct. 30th, 1877; always enjoys good health, and denies venereal disease; had been sick four weeks at sea before admission, the principal symptoms being prostration and some fever. He was in a condition of slight hebetude when admitted. It was difficult to obtain much history, but the captain of his ship stated that there had been no diarrhœa, epistaxis, or actual delirium. Respiration was slightly jerky, but the lungs expanded well, and no abnormal sounds could be detected in the chest. He had no cough; the abdomen was not tympanitic, and the marks of some kind of plaster were noticed in the hypogastric and iliac regions. Temperature was 101° upon admission, the pulse 101, and the respirations 24 to the minute. The patient was restless and irritable, and required watching at night, although there was no marked delirium. He seemed rather dull, and did not complain of anything. Bowels were moved two or three times daily after admission. The urine was light colored, cloudy, sp. gr. 1010, no albumen and no sugar.

On the 2d of November the patient was found to have left-sided pneumonia, dullness at left base posteriorly, where there is also impaired respiration, coarse crepitation, with bronchophony and bronchial breathing above, and whiffling in respiration at time of dullness. These signs were not found in the front, where the percussion note was clear on both sides, and the respiration vesicular. There was no cough and no expectoration. The nails showed checking of growth in the shape of a ridge running across the nail at about one-third the distance from the matrix to the free border.

He was ordered turpentine stupes, quinia (gr. xij) daily, and a mixture containing gtt. v of the tincture of digitalis, gr. x of the citrate of potassium, every four hours. The impulse of the heart was moderately extended, but not forcible. The first sound is murmurish and soft, but there is no murmur.

Nov. 3d. Physical character much the same; still no cough. There is impaired breathing, and some fine râles can be heard at the right base posteriorly, with some loss of resonance. The dullness on the left side is clearing up; the respiration anteriorly is rather exaggerated. The amount of whisky ordered to be increased to f ℥ vj daily.

Nov. 5th. Decided dullness at right base posteriorly, with signs of pneumonic consolidation of lower half of lung. The left side is clearing. Ordered carbonate of ammonia (gr. x) every three hours.

Nov. 7th. Considerable dullness of right side anteriorly; is troubled with hiccough upon the slightest exertion. This continues nearly all night; has a slight cough occasionally; he is restless at night. Treatment continued; blister to right chest anteriorly; spirits of chloroform (f ʒ j) administered four times a day; takes ten ounces of whisky daily; tongue coated and dry; no cardiac murmur; a little faint crepitation at base of heart, but the patient's condition prevents him from holding his breath long enough for purposes of accurate diagnosis.

Nov. 8th. Tongue tremulous; has a slight dry cough and troublesome singultus. Ordered plenty of milk, beef tea, eggs, etc.

Nov. 9th. Looks better, but still very weak; still considerable dullness over the upper part of the right lung, where respiration is imperfect and feeble, with slightly prolonged expiration. The whole condition seems to give the idea of non-expansion or of collapse. The pulse has better volume; tongue cleaner, moister, and slightly coated, but is less typhoidal in appearance. There is less hebetude.

Nov. 11th. Hiccough better; still taking ten ounces of whisky daily, and carbonate of ammonia every two hours. Respiration rather feeble at the right base, with coarse crackling above it; tongue rather dry, with white coating, but less dry than before; no albuminuria. Basham's mixture (℥ ss s.t.d.) now ordered. There is some effusion at the right base.

Nov. 12th. Twitching of the facial muscles in sleep; respirations 23 in sleep and 36 when awake; has very little hiccough at present.

Nov. 13. Better to-day than yesterday; appearance brighter; urine normal; pulse has rather more volume; there is a friction sound at the right base.

Nov. 14th. About the same; temperature rather high; respiration quite feeble, with some prolongation of respiratory murmur at the right apex; still some dullness; fremitus on right side feeble; the evidence of effusion at the right base persists. Whisky increased to oz. 12, and Basham's mixture given four times daily, quinia, gr. xvj, daily, and carbonate of ammonia, gr. x, every four hours.

Nov. 15th. Impulse at apex of heart is not in the normal position, being a little outside of the linea mammalis; the sounds are indistinct, yet well defined; the heart is displaced by pressure from the right side, but its beat is distinctly felt; the lower part of the right lung moves a little in respiration. Ammonia carbonate to be stopped, and Basham's mixture to be given every three hours.

Nov. 18th. Is passing water freely; apparently improving; respiration, though feeble at the lower part of the right lung, is again distinctly vesicular, and is less dull, but there is still impaired resonance at the right apex; the apex beat of the heart retains its distinctness, and is seen as well as felt in the 6th intercostal space, 1¼ inches to the outside of the nipple; a slight quiver can be seen in the space above; there is slight friction at the left base; respiration well sustained on the left side, low down, but it is rather harsh. Died this afternoon.

A post-mortem examination reveals an immense effusion in the right chest, with condensation of lung by pressure; heart pushed to the left; no active sign of pneumonia. In the ileun were found patches of Peyer in an ulcerated condition, one having sloughed out, leaving the subumucous coat with a healthy, granulating surface.

Selections.

Genital Irritation.—Long before Dr. Sayre called the attention of the profession to phimosis as an exciting cause, in some cases, of what has been termed "reflex paralysis," I had become satisfied, through a pretty extensive acquaintance with analogous phenomena, in an entirely different class of cases, that *imperfect sexual hygiene* was capable of producing many strange perturbations in both infantile and adult life; and among such disturbances a loss of muscular power was not infrequently one of the incidents. So that while I expected that a too exuberant enthusiasm might carry some of the less stable professional minds off their balance, and that, in the reaction, some would go as much too far the other way, I felt that the profession was placed under obligation to Dr. Sayre for starting an inquiry which could not fail to result in increasing our practical knowledge of nervous phenomena. One such case was especially perplexing, and all the more so because, though the prepuce adhered, there was not the least apparent *local* irritation; but, on detaching the prepuce from the glands, all the symptoms disappeared; and, though nearly a year has elapsed, no evidence of central lesion appears. Another case was that of a boy æt. 15, but having the mind, body and appearance of a boy of 11 or 12. No lameness, pains or disturbance of the muscular functions. The prepuce was firmly adherent to the glans, including the corona glandis, and could not be detached, but had to be dissected away. So soon as he recovered from the incidental soreness, there was an immediate increase of general bodily vigor, which included an acceleration of the rate of growth. A girl, æt. 13, was brought to me for bilateral talipes valgus; much under size, slow in intellection, cold extremities, tremulousness in movement of hands, and in voice. Examining vulva, found mucous membrane of dark red color, with abundant glairy secretion, large patches of cheesy material, a congested tumid clitoris; in short, a condition of the parts fairly equalling in effect an adherent prepuce or a compressed glans penis. Treated the talipes for the opportunity it would afford of determining how much the genital irritation had to do with the imperfect growth and nervous disturbance. The clitoris was not excised, but parts were kept clean, and after some weeks there was decided improvement. Tremulousness has disappeared in hands and feet; has grown at rate of one-half inch a month; looks brigt; walks more sprightly; mind clear and active, and last vestige of nymphitis has disappeared.

I think no one can doubt that the phimosis in the following case was the cause of the loss of power. About a year ago, a respectable barber brought his boy to me for an injury to the elbow. Was then about two years old, a bright and perfectly healthy child. About mid-summer last year the child began to droop, and especially to walk with a peculiar and awkward gait. Dr. J. Henry Fruitnight was called, but failed to make out the case, though he was inclined to the theory of disease of the vertebræ. Meanwhile, the child was growing worse, and had lost, by the end of July, all power of locomotion and was completely prostrated, not able to turn in bed or to lift his hands; but appetite good and bowels fairly regular, though he was greatly emaciated. At this juncture, Dr. Fruitnight, who had ceased to attend the child, was recalled, when he immediately removed a phimosis by circumcision. Within four days after operation the child began to raise his hands to his head, and to kick a couple of days after; after a couple of weeks the only restriction to his movements was the soreness of his penis. He began to walk in about four weeks, and six weeks after the removal of the phimosis he was as well as ever he was.

This "analogous phenomena" alluded to in the first sentence of this paper, refer to a class of so-called "bed-ridden" cases, which it has been my lot to see very many of, and I seldom fail to discover, sooner or later, some form of *imperfect sexual hygiene* which can be definitely established as the exciting cause, or one of the exciting causes of loss of muscular power, when loss of muscular power is the particular phenomena. Either there is masturbation, *mental* more often, and more difficult to control than manual; or sexual hunger to the extent of nocturnal or diurnal orgasms; or, what is more common and more difficult to get at, a self-sustained erotic condition, not amounting to erotic spasm, but occupying the entire nervous forces in the special emotion. These cases are especially apt to present loss of muscular power as the occasion for seeking professional aid, and not a few of those coming under my observation have been supposed to suffer from organic lesion of the spinal cord, and have been treated as such, while recovery by marriage or discipline has demonstrated the incorrectness of the hypothesis of central disease. The analogy between the loss of muscular power in a bed-ridden erotic female, and the same from irritation of the glans penis or even the clitoris, with or without masturbation, is complete, and demonstrates, in my opinion, if any further proof were needed, that "genital irritation" *is* entirely capable of overwhelming the direct and co-ordinating functions of the nervous system, and of producing a more or less complete loss of power, or so-called "reflex paralysis," in a variety of ways. A case comes under my notice of an unmarried lady, who has been "delicate" during her entire adult life. Beside the usual assortment of pains and different kinds of feelings, loss of power in the upper extremities was the particular symptom, it having been attributed to "spinal disease." The loss of power amounted to inability to dress herself at times, and to use the arms in the ordinary way, and they were getting worse. But I found within three days, that this lady had been in the habit of masturbation since she was 13 or 14, with exception of about four years, during which, she insists, there was no manual excitation. There was little, if any, amelioration of her symptoms during this period of alleged exemption, the erotic mental state being kept up, according to her confession, which was sufficient to keep up the genital excitation. Nevertheless, I have already ascertained that the power over the upper extremities returns whenever the attention can be aroused and diverted to another direction from that usually occupying it, which precludes the possibility of a central lesion. Examination shows a highly congested condition of the genital organs, accompanied by leucorrhœa, hypertrophy, etc.—Dr. Taylor in *Annals Anat. and Surg.*

Ocular Symptoms in Different Diseases.—Dr. Gorecki, as quoted in the Glasgow *Medical Journal*, has tabulated his views as follows:

Blepharoptosis, or the falling of the upper eyelid, indicates paralysis, complete or incomplete, of the third pair.

Lagophthalmos, or inability to close completely the palpebral fissure, is a sign of facial hemiplegia, idiopathic, or a symptom of cerebral disease.

Strabismus, occurring suddenly and accompanied by diplopia, is most frequently the result of some cerebral affection.

Xanthelasma (a yellow lamina sometimes met with in the skin) of the eyelids occurs in certain alterations of the liver.

Subconjunctival ecchymoses are frequent in whooping cough, and may sometimes, at the beginning of the complaint, clear up a difficult diagnosis.

Redness of the conjunctiva, watering of the eye, etc., indicate in the child the outbreak of some eruptive fever, particularly measles. The prognosis is favorable if the tears come when the child cries, but fatal if the secretion of the tears is arrested.

Spots on the cornea are often the indication of a strumous constitution.

Dilatation of the pupil, or mydriasis, indicates excessive fatigue, the existence of intestinal worms, meningitis in the second stage, or a true amaurosis. The dilatation is most frequently connected with atrophy of the optic nerve. It is also seen during an attack of epilepsy, on coming out of chloroform, after belladonna poisoning, etc.

Unequal dilatation of the two pupils points to the onset of general progressive paralysis.

Contraction of the pupil is one of the early symptoms of tabes dorsalis. It is met with also at the beginning of meningitis, in opium poisoning, and in chloral poisoning.

Deformation of the pupil, particularly after the injection of atropine, indicates an old iritis, in nine cases out of ten, of syphilitic origin, if not depending on some disease of the neighboring parts.

Cataract in subjects under, say forty or fifty, is frequently of diabetic origin, and constitutes soft cataract.

Finally, the ophthalmoscope enables us to recognize the retinitis associated with Bright's disease. Retinal hemorrhages, œdema of the retina, and embolism of its central artery, are sometimes met with in organic affections of the heart. Optic neuritis and perineuritis and atrophy of the disk are symptoms of syphilis, or of tumors in the neighborhood of the cerebellum or the corpora quadrigemina.—*Medical Record.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The "Joy Devices" Certificates.

We give insertion elsewhere to a communication from Prof. Palmer in reply to the question propounded in our last issue in connection with our notice of the pamphlet, descriptive and laudatory, of "Dr. Joy's Electric Devices." We are certainly disposed to look charitably on Prof. Palmer's and his colleagues' connection with the affair, and heartily wish both for their sakes and for that of reputable medicine, in whose ranks they occupy such representative positions, that the explanation tendered were a more satisfactory disposition of the case. The News has been charged with animus in this matter, but we shall waste no words on those who resort to this style of argument. If it be an exhibition of animus for the journalist to publish items of news and to call the attention of his readers to inconsistencies of professional conduct in men occupying representative positions in reputable medicine, then do we plead guilty to the charge. If, in order to escape this charge we are to wink at conduct which we consider unprofessional, and to refuse to arraign transgressors before the bar of professional opinion, then again must our conduct remain subject to the suspicion of motive.

The motive, however, cannot alter the facts, and facts are all that we have as yet submitted in connection with what is admitted is a highly disgraceful and quackish pamphlet. The fact that the gentlemen gave the certificates which are reproduced in *fac simile*, is undisputed. The fact is not only admitted, but an effort is made at justification. Had the gentlemen acknowledged the certifying and expressed regret at having been led into the infraction of the Code the matter could not, in charity at least, have been pursued further, but the arguments advanced in justification have such a charm of novelty as to demand for them a brief notice.

If need be we can concede to Dr. Palmer and his colleagues the claim that they have been duped, although it is well nigh inconceivable how gentlemen of their position, intelligence and knowledge of the world, could suffer themselves to be made instruments for the perpetration of such a deception on the public. The concession, however, does not affect the question at issue. It is claimed that the certificate is one proper in itself, and that the wrong lies only in the use to which it has been put. If there be nothing wrong in the certificate *per se* then why do the professors, like the galled jade, wince? The sins of Wagner & Co., or of the "young man employed as assistant in general chemistry in the University," will never be laid on their professorial shoulders. If the certificates had not been made public they would have been perfectly proper; the young man might have used them to deceive the manufacturer, but no one else should have been allowed to know that they had been given! Is a deed done in darkness less culpable because it does not come to light? It is a queer system of ethics which conditions the culpability of an act on its publicity. It is of a piece with that of the old man who told his boys that they mustn't, but if they did to be sure they were not found out.

Dr. Palmer's certificate was given, it is claimed, with no intention of deceiving the public, but merely to secure to Prof. Joy a manufacturer for his Devices, and, we presume, one who would handle them and energetically push their sale, and this claim is urged in mitigation of the offence. It will be difficult for the profession to draw the line between deception (if there was deception) practiced on the public, and deception with a single individual for its victim. The certifier could not have supposed that a manufacturer would make the "Devices" solely for his own private use. But there is also discrepancy between this claim and the statement of the certificates immediately preceding Dr. Palmer's on the paper which was handed him for his signature. Professor Langley in his certificate pronounces it "the best galvanic belt in the market;" Professor Maclean testifies that he has had "practical proof of its thorough efficiency." A very natural inference from these statements is that the "Electrical Devices" had already been in the market when the seductive Joy approached his colleagues for their endorsement of them. This inference is, moreover, strengthened by a statement, reported to us on reliable authority, that the certificates are stated by a certain giver to have been given to help Joy in the sale of his instruments. "The young man employed as an assistant in general chemistry in the University" is evidently also an adept in diplomacy, securing the testimonials from one professor on one plea and from the rest on another.

Prof. Palmer's certificate was given on an opinion of the "Device" which was purely theoretical. He had never seen it applied as a therapeutic agent, but a simple examination of it justifies him in recommending it in a certain class of affections. The first practical test to which he subjected it was such a failure as to prevent him from advising it since. Here is another instance of the unreliability of an opinion as to the therapeutic value of an agent, based solely on its physiological action. Had Prof.

Palmer deferred his opinion until he had tested the "Device" therapeutically he might not have been seduced into giving the certificate.

The plea that there is nothing wrong in the certificate as "it merely certifies to the quality of the article but does not endorse the inventor nor any one else" is too fallacious to be even specious. The testifiers to the value of the other "devices to deceive the unwary," which flood the market can urge the same plea with equal reason. It is a rare thing for a nostrum vendor to solicit an endorsement of himself, individually. He is not a marketable commodity and what he wants is such a certificate as will assist him in realizing from his product.

Prof. Palmer refers to his record for forty years as an evidence that he discountenances Wagner & Co.'s pamphlet and Dr. Joy's Devices. We have no disposition to reflect on that record. It is, we have every reason to believe, a good one, but it is unfortunate, as in the present instance, that the better the record the more pernicious is the tendency of the certificate to the value of quackish "Devices." Certificates from men with fewer years at their back, with less honorable records and in less prominent stations would be proportionately less harmful.

We are, indeed, sorry to note this attempt to justify these certificates. The Code of Ethics to which the certifiers, together with all reputable regular physicians in this country have subscribed, very explicitly condemns the giving of such certificates, and that Code is a law unto Prof. Palmer and his colleagues until it has been repealed by the constituted authority. The giving of the certificates (we will be charitable) was simply an error, but the attempt to justify them makes it something more.

The International Medical Congress.

The reports of the International Medical Congress held in London on the 3rd to the 9th ult., as contained in our English exchanges, show that meeting to have been such a success as has made it the most memorable gathering of medical men ever held. Over 3,000 delegates were in attendance, and among them were a great majority of the leaders in modern medicine of all nations. The idea of an International Congress originated at Bordeaux on the occasion of the French Medical Congress in 1865, and the first Congress was held at Paris in 1867 during the Exposition. The second was held at Florence, in 1869; the third at Vienna in 1873, during the exposition there; the fourth at Brussels in 1875; the fifth at Geneva in 1877; the sixth at Amsterdam in 1879; and the seventh was that just held in London. The international gathering at Philadelphia on Centennial year was not one of the regular series, the regular meetings being since 1875 at biennial periods.

It would be impossible for a journal the size of the NEWS to present a report of this great gathering or even to present such a digest of the proceedings as would aid in forming a faint conception of the magnitude of the meeting or the excellence of the work done. The Congress was no mere junketing party although the social element was not neglected. The fact that the Congress was held under the patronage of Queen Victoria, that the Prince of Wales formally opened the proceedings, (which, by the way, he did in an admirable little speech) and that the Crown Prince of Germany lent his presence on the platform, made the Congress a very prominent social event. The Congress felt very highly honored because of the patronage of the Queen and the presence of the heirs apparent of the British and German thrones, and manifested its sense of the honor conferred by remarks which Americans particularly, and at this remove from the peculiar influences, would set down as savoring of adulation bordering even on nausea. The fulsome expressions of gratitude create the impression that without the special countenance of their Royal Highnesses the Congress would have been, if not a failure, at least far short of its degree of success. Is science still dependent on royal patronage, or was the obsequiousness a mere empty conformity to a custom which would have been more honored in its breach than in its observance?

Many of the addresses were masterly productions, and some of them will become classic. That by Dr. John A. Billings, U. S. A., on "Our Medical Literature" bore off the palm for raciness. The *Lancet* says of it: "But no one could have foreseen that out of the material at his disposal he would have compiled an address remarkable, even among all those of the past week, for its great ability, practical value and wit. The large audience gathered to hear him were held charmed from beginning to end, both by his ever-recurring flashes of American humor and the striking nature of his facts and statistics."

We have only space for some extracts from the address of the President of the Congress (Sir James Paget), and we give a translation of Pasteur's address on the "Germ Theory," giving space to the whole article, inasmuch as it is, besides having been one of the most important addresses delivered before the Congress, probably the most valuable contribution ever made on the subject which it discusses. The bare facts on this subject of which we are already in possession can hardly be over-estimated; but the hopes they raise, the visions of further extension and application which they call up, are overwhelming "Should it prove true," says the *Lancet*, "of all septic and contagious diseases, as of splenic fever and chicken cholera, that in the laboratory a vaccine to protect from each can be prepared, we are on the threshold of a discovery which will so vastly increase the sway of man over diseases before which he is now comparatively powerless, that our words, strong as they are, will not prove exaggerations. While there is all encouragement to study therapeutics, and develop that plane of scientific truth, how vastly greater are the results of successful endeavours in the region of preventive medicine!"

The President.

The past two weeks have been weeks of alternated exaltation and depression of the public mind on the subject of the President's condition. At this writing (7th inst.) the prospects are not assuring. The prolonged siege which Mr. Garfield has sustained, proclaims him to be a man of very remarkable powers of endurance, and we are justified in hoping for him as much as we could hope for any human being in virtue of such powers, but a change, the hope for which having been so long deferred, has made our hearts sick, must soon come, or the brave heart must soon stop its beating.

Yesterday morning, having at last become convinced of the necessity of a change, the surgeons in charge accompanied the President to Long Branch, the removal being by rail, and occupying six hours and a half. Although the average speed was nearly 40 miles an hour, the journey occasioned no apparent untoward symptoms, and this morning, in the stereotyped phrase of Bliss, "the President is doing nicely." The developments of the next 48 hours will be awaited with great anxiety, and the probabilities are that before this number of the NEWS reaches its readers, the issue of the case will be no longer problematical.

We have no comments on the case further than to state our conviction that had the advice regarding the removal, in the NEWS of the 25th ult., been heeded, the President would to-day have been on the high road to convalescence. The NEWS, we may remark, was the first journal to urge the removal, and we can only hope that it has not been delayed too long. Attacks on the medical attendants continue to be made by the secular press, but there is no point on which an explanation at their hands will be more urgently insisted on by the profession than their long delay in the removal.

The *Medical Record* thus formulates the criticisms which the profession are making, and what they will eventually call on those responsible for the President to explain; it will be seen that among them the question of removal is prominent:

"It will not be asked why they did not at first probe the wound and at once remove the bullet. The course of treatment adopted was in accordance with the best surgical practice, and it cannot be criticised. But it will be asked why the patient was kept in a house where several attendants had to leave on account of malaria?

Why the wound was not probed and the bullet searched for after the wound had granulated along its course?

Why they announced for so many days, in vague and rose-colored bulletins, that the "symptoms were somewhat more favorable," when the patient was losing over a pound in weight every day, and was, as it seemed later, steadily failing in strength?

Whether the enormous and rapid loss of flesh, with so little fever to produce it, could not have been in any way lessened, and whether the excretions were chemically examined to determine, if possible, the exact cause of this loss?"

Miscellany.

SPECIALISM AND GENERAL MEDICINE.—In the course of his very eloquent inaugural address, Sir James Paget, President of the late International Medical Congress, gave expression to the following sentiments on the subjects of specialism and general medicine:

I do not doubt that the average mental power constantly increases in the successive generations of all well trained peoples; but it does not increase so fast as knowledge does, and thus, in every science, as well as in our own, a small portion of the whole sum of knowledge has become as much as even a large mind can hold and duly cultivate. Many of us must, for practical life, have a fair acquaintance with many parts of our science, but none can hold it all; and for complete knowledge, or for research, or for safely thinking out beyond what is known, no one can hope for success unless by limiting himself within the few divisions of the science for which, by nature or by education, he is best fitted. Thus, our division into sections is only an instance of that divison of labor which, in every prosperous nation, we see in every field of active life, and which is always justified by more work better done.

Moreover, it cannot be said that in any of our sections there is not enough for a full strong mind to do. If anyone will doubt this, let him try his own strength in the discussions of several of them.

In truth, the fault of specialism is not in narrowness, but in the shallowness and the belief in self-sufficiency with which it is apt to be associated. If the field of any specialty in science be narrow, it can be dug deeply. In science, as in mining, a very narrow shaft, if only it be carried deep enough, may reach the richest stores of wealth, and find use for all the appliances of scientific art. Not in medicine alone, but in every department of knowledge, some of the grandest results of research and of learning, broad and deep, are to be found in monographs on subjects that, to the common mind, seemed small and trivial.

In the medical sciences I believe that the existence of parties founded on dominant theories has always been injurious; a sign of satisfaction with plausible errors, or with knowledge which was even for the time imperfect. Such parties used to exist, and the personal histories of their leaders are some of the most attractive parts of the history of medicine; but, although in some instances an enthusiasm for the master-mind may have stirred a few men to unusual industry, yet very soon the disciples seem to have been fascinated by the distinctive doctrine, content to bear its name, and to cease from active scientific work. The dominance of doctrine has promoted the habit of inference, and repressed that of careful observation and induction. It has encouraged that fallacy to which we all are too prone, that we have at length reached an elevated sure position on which we may rest, and only think and guide. In this way specialism in doctrine or in method of study has hindered the progress of science more than the specialism which has attached itself to the study of one organ or of one method of practice. This kind of specialism may enslave inferior minds; the specialism of doctrine can enchant into mere dreaming those that should be strong and alert in the work of free research.

In the number and intensity of the questions brought before us, we may see something of our responsibility. If we could gather into thought the amounts of misery or happiness, of helplessness or of power for work, which may depend on the answers to all the questions that will come before us, this might be a measure of our responsibility. But we cannot count it; let us imagine it; we cannot even in imagination exaggerate it. Let us bear it always in our mind, and remind ourselves that our responsibility will constantly increase. For, as men become in the best sense better educated, and the influence of scientific knowledge on their moral and social state increases, so, among all sciences, there is none of which the influence, and therefore the responsibility, will increase more than ours; because none more intimately concerns man's happiness and working powers.

And then, let us always remind ourselves of the nobility of our calling. I dare to claim for it, that among all the sciences, ours, in the pursuit and use of truth, offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, utility and charity. These three, which are sometimes in so lamentable disunion, as in the attractions of novelty without either utility or charity, are in our researches so combined that, unless by force or wilful wrong, they hardly can be put asunder. And each of them is admirable in its kind. For in every search for truth we can not only exercise curiosity, and have the delight—the really elemental happiness—of watching the unveiling of a mystery, but, on the way to truth, if we look well around us, we shall see that we are passing among wonders more than the eye or mind can fully apprehend. And as one of the perfections of nature is that, in all her works, wonder is harmonized with utility, so is it with our science. In every truth attained there is utility either at hand or among the certainties of the future. And this utility is not selfish; it is not in any degree co-relative with money-making; it may generally be estimated in the welfare of others better than in our own. Some of us may, indeed, make money and grow rich; but many of those that minister even to the follies and vices of mankind, can make much more money than we. In all things costly and vain-glorious they would far surpass us if we could compete with them. We had better not compete where wealth is the highest evidence of success; we can compete with the world in the nobler ambition of being counted among the learned and the good who strive to make the future better and happier than the past. And to this we shall attain if we will remind ourselves that, as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth utility, so in every use of it there may be charity. I do not mean only the charity which is in hospitals or in the service of the poor, great as is the privilege of our calling, in that we may be its chief ministers; but that wider charity which is practised in a constant sympathy and gentleness, in patience and self-devotion. And it is surely fair to hold that, as in every search for knowledge we may strengthen our intellectual power, so in every practical employment of it we may, if we will, improve our moral nature; we may obey the whole law of Christian love, we may illustrate the highest induction of scientific philanthropy.

Let us, then, resolve to devote ourselves to the promotion of the whole science, art, and charity of medicine. Let this resolve be to us as a vow of brotherhood; and may God help us in our work.

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WHAT IS PYÆMIA?—In view of the moot question in the President's case, that is, whether he has been suffering from septicæmia or pyæmia, the following points in the differential diagnosis of these conditions, collected by the *Medical Record*, will be read with interest:

According to *Delafield*, under the name of pyæmia are commonly understood several different conditions, giving rise to different lesions:

1. Septicæmia.—In this some portion of the body is in a condition of gangrene; that is, the tissues are not only dead, but decomposing, with the evolution of gases, the softening and liquefaction of the solid parts, and the development of minute organisms, either animal or vegetable. The gangrenous fluids thus produced are apparently absorbed by the lymphatics and blood-vessels, and are thus able to produce marked symptoms during life, and to produce death.

2. Simple pyæmia.—Persons who have suppurating wounds or abscesses may, without much change in the wound or abscess, be seized with rigors followed by fever, become jaundiced, and die.

3. Metastatic pyæmia.—This is a very different condition from the other two and may be accompanied with marked lesions. By the agency of various changes about the wound, substances are absorbed which produce in various parts of the system multiple abscesses and hemorrhagic infarctions.

Agnew.—The fevers that follow wounds are divided into three kinds:

1. Simple traumatic infective fever.
2. Secondary traumatic fever.
3. Complicated traumatic infective fever.

The secondary traumatic fever may imitate a hectic fever.

The complicated traumatic infective fever includes what are generally known as septicæmia and pyæmia. But Agnew discards the term pyæmia.

Billroth classifies the fevers following wounds into—

1. Primary traumatic fever.
2. Secondary traumatic fever.

3. Septicæmia.
4. Pyæmia.

By septicæmia he understands a constitutional acute disease which is due to the absorption of various putrid substances into the blood, which is thereby spoiled so that it cannot fulfil its physiological function.

Pyæmia is a disease which we suppose to be due to the absorption of pus or its constituents into the blood. It is symptomologically characterized by intermittent attacks of fever, etc., and in its pathological anatomy by abscesses and diffuse inflammations. It is clinically distinct from the other varieties.

Fordyce Baker believes septicæmia and pyæmia to be distinct clinically, and, probably, distinct pathologically. There are more evidences of cerebral disturbance, more diarrhœa, fever, chills, and the symptoms come on earlier in septicæmia than in pyæmia.

Greenfield considers pyæmia and septicæmia to be distinct, but attributes both to an invasion of the system by microscopic organisms.

Erichsen.—Pyæmia is aname applied to a group of pathological conditions. These include (Virchow) (1) leucocytosis, (2) the formation of thrombi with resulting emboli and abscesses, and (3) an absorption of ichorous matter producing the condition known as septicæmia.

Gant and *Ashhurst* adopt essentially the same view as Erichsen.

Aitken.—Pyæmia is a febrile affection generally sequent on wounds, suppurative inflammation of bone, the puerperal state, or surgical operations, resulting in the formation of secondary abscesses in the internal visceral organs (most frequently in the lungs, the liver, kidneys, spleen, and brain), and also in the joints and connective tissue—sometimes, but not necessarily, associated with phlebitis or embolism. Under this head there is a class of cases which are prolonged and essentially chronic, in which fever does not reach a high degree of temperature, but in which the suppurative tendency is necessarily expressed in many organs and in different parts of the same organ. This is in reality *septicæmia.* There is another class of cases in which superadded to the septicæmia is the suppurative tendency which expresses itself in multiple abscesses, this is *true pyæmia.*

Virchow denies that there can be proved to exist any such thing as morphological pyæmia. The name, as designating a definite change in the blood, must be abandoned. As commonly used it covers one or more of the three pathological conditions referred to in the quotation from Erichsen.

Callender ("Holmes' Surgery"), adopts essentially Virchow's view, and urges that the name pyæmia be applied only to the condition in which there is formation of thrombi, with fibrinous infection and metastatic abscesses therefrom.

Bristowe ("Reynolds' System").—Pyæmia is a disease the most characteristic features of which are (1) its supervention on certain special conditions of the system; (2) the occurrence of rigors, with perspirations; (3) the presence of jaundice; (4) the formation of external abscesses; (5) the great prostration and early death; (6) the occurrence of certain characteristic lesions easily recognized after death.

F. H. Hamilton.—The specific causes and the precise pathological character of pyæmia are not yet fully determined. There is much probability, however, that it is a variety of septicæmia, and that it is induced by the reception into the system from suppurating depots of certain septic elements, or of elements which have undergone a gangrenous or, possibly, only a suppurative degeneration.

The symptoms are irregular chills, with profuse perspiration, great prostration, vomiting, delirium, sweet breath.

Lidell considers pyæmia as a species of septicæmia, or blood-poisoning; clinically distinct, however, from septicæmia, but to be arranged under the same genus.

Wagner.—Pyæmia is divided into two forms:

1. Septicæmia.
2. Embolic or septico-pyæmia.

Pyæmia is defined as a disease, usually acute, which starts in a purulent or ichorous focus, and is caused by the absorption from this focus, or its vicinity, of mechanical or chemical noxious, so-called septic or putrid substances.

Bryant.—According to this author, traumatic fever, septicæmia, and pyæmia, are all names for one condition, viz., blood-poisoning. These different forms of blood-poisoning differ in degree, not in kind. Traumatic fever may pass into septicæmia, and septicæmia into pyæmia.

The variety of statement and of definition in the above, indicates less real discrepancy than would appear. Some of the authorities quoted are antiquated, while the more modern ones are substantially agreed in fact, if not in letter. The view that what used to be known, and still is recognized by some as pyæmia, is only a form of septicæmia, is the one generally held by modern pathologists. Pyæmia is an intenser form of septicæmia, having clinical and morphological characters of its own. The word pyæmia, however, ought to be abandoned, for its etymology conveys a wrong idea of the real pathology of the disease.

Most surgical writers have little claim to speak authoritatively on pathological points. It is noteworthy that Hamilton and Agnew, in their "Surgeries," come nearer to accuracy than the others that we have quoted.

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A Case of Conscience.—[While we do not vouch for the absolute truthfulness of the statements contained in the following communication, the article throws such light upon a phase of the nostrum traffic that we are constrained to give it place. Occasionally the names of reputable physicians may be found appended to certificates of marvelous cures, but it is impossible to believe that all such certificates are *bona fide.* Our friend Ollapod has done good service in thus exposing the manner in which these testimonials are gotten up. We are sure our readers have never suspected the philanthropic vendors of nostrums of any such devious methods. It must be nuts for these humanitarians when they are permitted to interlard these manufactured certificates with *bona fide* articles from professors in institutions of national and even world-wide fame.—EDITOR.]

———, ——, Sept, 10th, 1881.

EDITOR MICHIGAN MEDICAL NEWS:

SIR:—My name is Ollapod. I am of Spanish parentage and birth, but am now a citizen of this country. My profession is that of medicine. Many years ago I made a little venture in the patent medicine line. This was at a time when it was not considered disreputable for a physician in good standing to embark in the enterprise of making and vending secret nostrums. The venture was not a success, and now even the name of my medicine has passed out of the recollection of all save myself. But it has a history, and that has been profitable to me.

I presume that I was the father of the system of bolstering up the languishing sales of a patent medicine by the manufacture of bogus certificates of cure. This was an easy matter in the early day, and almost any simple-minded person would append his or her name to a certificate merely for the pleasure of seeing the name paraded in print. In time the nostrum played out, and as the improved methods of setting forth the varieties of the new ones were increasing, so it needed new devices to catch the popular fancy. It was in preparing these that I have obtained my unenviable notoriety among the medicine men. Whenever a new nostrum has been started its inventor has in most instances applied to me for certificates in my special line. I have stuck to the marvelous. In every patent medicine almanac you pick up you will find something from my pen touched up with the embellishments of my fancy. They are inserted here and there with a skillful hand under such heads as "Miraculous Cure," "Marvelous Recovery," "Wonderful Restoration," "Astonishing Result," etc. These are mostly from my pen, and a fair sprinkling of them can be found in all the almanacs ever since they have constituted the popular guide to health. So that it has come to pass that no such style of literature is complete without a contribution from "Old Ollapod," for by this familiar designation I am known to the publishers of medical almanacs.

Thus it happened that when Messrs. Wagner & Co. were about to launch the Joy Electric Devices I was called upon to furnish the necessary certificates. It was explained to me that the professors of the great, the famous and the world-renowned institution of science and learning, the University of Michigan, were paid with such a niggardly hand by the State that they were under the necessity of adopting some device (no pun) for the purpose of supplementing their incomes. This was in the way of an argument, and it was sufficiently forcible to overcome whatever of a scruple I may have had about the propriety of engaging in the matter.

But the simple question propounded by you in your issue of the 25th ult., revived my scruples. For though you did not answer the question, I know what answer you expect from every right-thinking man outside of the University, and I answer it by saying that I will not lend my aid to any such prostitution of the name and renown of this eminent school of learning and science. I send you the certificates I had prepared, which you are at liberty to use as you see fit.

Yours truly,
RIDA OLLAPOD, M. D.

[We publish a few of the most striking of these bogus certificates, in order to show that the effort to prove the enterprise a legitimate one, and conducted on ethical principles, is a failure; and as evidence, that instead of being on a "high elevated plane," the whole scheme must take its place on a level with other specimens of pure quackery.—ED.]

WONDERFUL CURE OF STERILITY.

SAN PABLO, JACINTO CO., TEXAS,
August 1, 1881.

MESSRS. WAGNER & CO., Chicago, Ill.

GENTS,—I am happy to inform you of a most remarkable result, a most wonderful effect produced by the use of the "Joy Electric Devices." The case is that of Juan Rivero and his wife. Juan is a herder, who lives some 28 miles from this city. His hut is in a retired spot, and is never visited by white people. He and his wife have been married for 12 years, and up to within a few weeks have remained childless. When on a recent visit here, Juan deplored the lack of children in his house, and earnestly protested that they alone were needed to complete his domestic bliss. I suggested the Devices, and he gladly grasped at the chance. He procured a full set for his wife, and the same for himself. The result is most astonishing. The herder was in town a few days ago, and informed me that his wife had been delivered of triplets. This will prove that the Devices are just the thing for childless people. Lest it might be suspected that he had resorted to the more common device of borrowing a pair of his neighbor's breeches, he desires me to say that his nearest neighbor is 20 miles away, and that no man has been in sight of his hut for two years. He attributes the result entirely to the "Joy Devices," and says they are a joy indeed to him. Please send me another gross.

J. B. BLACKBURN,
Druggist.

MIRACULOUS CURE OF CHRONIC DISEASES.

MESSRS. WAGNER & CO.:

GENTS:—The set of devices you sent me have proved the best investment I have made for a long time. First, I must tell you about my wife. She has been a sick woman for years. She had the typhoid fever when a girl, and when she got well of that she had the dropsy, and then the liver complaint and dyspepsia. Afterwards she had inflammation of the lungs followed by kidney disease, and latterly the doctors said she was just chock full of malaria. For two years she has been confined to her bed. Of course I have had all the doctors in the country, and tried all the patent medicines. What seemed to satisfy her most was to do what an old Indian doctor told her to do, that is, I gathered a half bushel of twenty different kinds of roots and boiled them down in the wash boiler. A boilerfull lasted her a week, and she seemed just about to hold her own. But I had got tired of digging roots, and when I heard of the Joy Devices I just ordered a set at once and put them on all over her, and last week she was out of bed and this week she has done a big washing. Hurrah for Joy say I. You may publish this. All the people around here know me.

Thomas Watson,
Montgomery, Cadillac Co., Ill.

Berrysburg, Ontario,
Aug. 10th, 1881.

Wagner & Co.,

Gents,—I wish to inform you that my wife has suffered from pain in her heels, and her heels were like two chunks of ice, and she used to stick them against my stomach of nights, which was very uncomfortable. The heel devices sent me by you fitted her to a T, and she is now well. I don't like cold heels and I am glad she is well.

S. Hicks, Farmer.

Oporto, Lisbon Co., Ill.
Sept. 17th, 1881.

Dear Doctor :—I esteem your "Devices" as one of the grandest inventions of the age. I was called to see two men a few days ago who had been fighting, and had chewed each other up very badly. I got their noses and ears on all right, but I am afraid I got their testicles mixed. I applied the scrotal Devices, likewise the nasal and the anal, besides applying the "Device" from the bottle, and the result is that you would hardly know the two men now. You will remember me as a graduate of the last class.

Yours truly,
Calvin Remington, M. D.

Reply from Dr. Palmer.—In your issue of the 25th inst., which reached me this morning, you give an account of a highly disgraceful and quackish pamphlet, issued by a Chicago manufacturing company, in which the names of some of my colleagues and my own appear. The pamphlet I had before heard of, and for some time past have been trying to procure one, but only on Saturday evening was able to obtain a copy, and then through a friend at a distance.

As some of my colleagues are absent from the city, and it is therefore impossible, at present, to obtain a united expression, I write you for myself so that you may "pause" as short a time as possible "for a reply."

I hope I need not say to those acquainted with my professional character, which has been known to my brethren for the last 40 years, that I regard the pamphlet as a disgracefully quackish publication, intended to deceive the public, and I would say that if any physician is responsible for it, he is unworthy a place and standing in any regular medical society. The question as to who is responsible is under investigation, and at present I have nothing to say further than that the gentlemen, the *fac simile* copies of whose letters are given, have never in the slightest degree been a party to the publication, or knew that any such was to be made, and that they regard the use made of their names as an outrage, for which they are seeking means of redress.

My own relation to the matter is briefly as follows: Some months ago I was shown an electrical or galvanic belt by Dr. Joy, a young man employed as an assistant in general chemistry in the University, who said he had gotten up instruments for applying the electrical agent as a remedy where it was required, and that he proposed having some of them manufactured, and that he would like to have me say what I thought of them. I examined the instrument as I would any other contrivance of the kind intended as a therapeutic agent to be used in a legitimate way, under professional advice. I found the belt I examined particularly, to produce a gentle electrical current, and wrote upon a paper containing other certificates and names, the following:

"I have examined the belt referred to in the preceding certificates, and find that it produces, when properly used, a mild, continuous galvanic current, and it will be useful where such a current is needed.

A. B. Palmer."

I subsequently made a single trial of it with a patient whom I thought might possibly be benefited by it, but could not perceive that it had any therapeutical effect in the case, and have not advised it since. Every physician understands that electricity, like other therapeutical agents, is useful or injurious according to the cases to which it is applied, and the manner of its application, and it should be resorted to, if at all, under the advice of a physician after the examination of the case. No other thought than this, as to the use of the instrument, was entertained when the certificate was given; and it was understood to be asked for, for the purpose of being shown to a manufacturer to aid in procuring its construction. The certificate, it will be seen, is one proper in itself. It merely certifies to the quality of the article, but does not endorse the inventor nor any one else.

The wrong is in the use made of it. We are endeavoring to trace the responsibility of this to its source. When this is done, you may hear from me again.

Yours truly,
A. B. Palmer.

University of Michigan,
Ann Arbor, Aug. 27th.

Position in Labor.—An exhaustive paper on "The instinctive (or natural) and physiological position of women in labor," was read by Dr. George J. Engelmann, at the late session of the American Gynecological Association. To one accustomed to look upon the dorsal or lateral positions as the only ones the woman should assume while in labor or at birth, the tabular statement presented showing the many positions that are adopted by the different races of the world must appear strange indeed The recumbent position, in bed, is by no means general, and the side position is almost peculiar to England.

The semi-recumbent position is assumed in Italy Germany, Syria and Japan, by the native races and tribes in various parts of the United States, in Mexico, Chili, etc. The sitting position upon a chair, rocking chair or stool, on the lap of the husband or other person, or in a hammock, is adopted in parts of England, Scotland, Wales, Germany, Russia, Italy, Greece, China, Palestine, Syria, India, Turkey, Arabia, in several countries of Africa, by Negroes in portions of the United States, and by some of the Indian tribes; in Venezuela, Australia, and Sandwich Islands. In many localities in Italy, Germany, Russia, Scotland, Japan and North Australia, and among some Indians and Negroes of the United States, the patient is suspended, or partly suspended, or hangs upon the neck of an attendant. The kneeling position is quite common, and is found to be practised in Spain, Italy, Russia, Greece, Scotland, England, Wales, Kamschatka, Mongolia, Persia, Ethiopia, Abyssinia, Indian Territory, and various parts of the United States, Mexico, Nicaragua and New Zealand. The squatting attitude is taken in Russia, Arabia, Persia, Indian Territory, Mexico, Guatemala, Polynesia and West Micronesia; and patients even stand while delivered in France, Germany, India, Ethiopia, East Africa, Indian Territory, Mexico and Philippine Islands. Finally, the knee-chest and knee-elbow positions are taken by some Indian tribes of the United States. The author concludes that the instinct of the patient generally inclines her to assume the semi-recumbent position, and that this is the one which should generally be adopted. As between this and the English lateral position, there has never appeared to me any doubt of the superiority of the former.

Matthews Duncan has shown that gravity alone is sufficient to effect delivery in some cases, and that in no position of the body—either dorsal, semi-recumbent, sitting, standing, kneeling, squatting, etc.—save upon the side, is the axis of the parturient canal horizontal. The semi-recumbent position places the axis of the brim of the pelvis more nearly perpendicular, and hence in this position the greatest assistance is gained from gravitation. At the same time it must be remembered that Schroeder has demonstrated that in semi-recumbency the larger portion of ruptures of perineum take place.—Henry Gibbons, Jr., M. D., in *Pacific Medical and Surgical Journal.*

Happy Doctors.—As intimated elsewhere the late meeting of the International Medical Congress was not a mere junketing party, the charge annually laid at the door of the American Medical Association, although there was apparently abundance of opportunity for the savants to demonstrate their gastronomic capabilities and to gratify their bibulistic propensities. We should, at least, infer this to be so from the following "Official Programme," published by *Punch*, the truthful chronicler:

First day. Grand banquet. Interesting experiments with various wines. Confidential exchange of experience after the third bottle.

Second day. Grand *déjeuner*. Surgical operations on cold fowls and raised pies. General investigation of "mixing." Valuable results obtained by taking a combination of champagne, sherry, port, claret, pale ale, and chartreuse vert.

Third day. Garden party. Examination of the action of the muscles in the game of lawn tennis. Close study of strawberries and cream and champagne cup Supper experiment at the Albion. Extempore lecture upon the benefits to be derived by taking whisky and water internally before retiring to bed.

Fourth day. Select dinner party of savants interested in food. Careful consideration of the effect upon the system of turtle soup, curried whitebait, canvas-back ducks, and an entirely new and original with-your-cheese pick-me-up made of sardines, olives, truffles, cayenne pepper, tomatoes, capers, herring roes, fowls' livers, and tarragon vinegar. Human capacity for absorbing champagne in extra large doses practically tested. After the experiments a long consultation with the police.

Fifth day. Psychological picnic. Exercise of the nerve power of the lower limbs to the sounds of a military band. Interesting operation of a quadrille, a polka, and a waltz. Day finished with a scientific supper. Preparations of different kinds of meat. Practical lectures upon the anatomy of the fowl, the duck, and turkey. Experiments in wine temperature. Claret seventy and champagne four degrees below zero. Perambulating difficulties and optical delusions. Exercise of the vocal chord. Subject: "We won't go home till morning."

Sixth and last day. All the foreign doctors ill in bed, sending for all the English doctors. General prescription: Large doses of soda water!

Michigan College of Medicine.—The opening of the season 1881-2 of the Michigan College of Medicine took place on the evening of the 6th inst. Invitations having been extended to the local profession, a considerable number of the physicians of the city were present. The address was delivered by Prof. J. J. Mulheron, and was devoted chiefly to an inculcation of a reverence for Nature and a regard for her methods, and to hints as to the best method of study. Prof. Lyster, President of the Faculty, supplemented the address by a statement of the condition and prospects of the school. There were already fifty matriculates and advices from others gave assurance that the class of the session just opened would not fall short of at least seventy-five. A training school for nurses is in contemplation in connection with the college hospital, and the plans for its organization are about peefected. This clinic hospital is now taxed to its utmost capacity, and negotiations are now pending for the purchase of adjacent property and the erection of a new building. The establshment of the ambulance corps while supplying a pressing public want has had the effect of bringing to the hospital a large number of cases of injury from accidents, thus affording students excellent opportunities for practice in cases of emergency. The success of the College and all its appointments has exceeded the most sanguine anticipation of friends. The present class are of that superior class of young men which such judicious matriculation requirements as this college exacts, must always ensure.

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Chloride of Lead,—A New Disinfectant.—Take half a drachm of nitrate of lead and dissolve in a pint of boiling water. Dissolve two drachms of common salt in a pail of water and pour the two solutions together, allowing the sediment to subside. The clear supernatant fluid is a solution of chloride of lead, and a cloth saturated with it and hung in a room is said to sweeten a fœtid atmosphere almost instantaneously. The solution thrown into a sink, water-closet, drain, or cess-pool acts in a similar manner. It has the advantage of cheapness which is the great desideratum in disinfectants.

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Dr. Joseph A. Treat, Stuart, Iowa, writes: "I have just been reading your editorial "Is it Quackery in High Places?" and it occurs to me that perhaps I could get Prof. Joy to assist me in a wonder-invention. I have a part of it already devised, and if Prof. Joy can devise an "Electrical Device" for the anus that will convert the feces into flatus, our fortune and our fame will be forthcoming, for I have devised an anal pad on the absorption plan, after Holman and many others. Thus the feces being converted by the electrical device into flatus, the flatus being absorbed and deodorized by the anal pad, the dry earth system and old style privies become superfluous and rapidly obsolete. Innumerable advantages will accrue from this device, as for instance, convenience in traveling, freedom from a disagreeable task which we can not hire done, economy and freedom from typhoid poison, and many other advantages which will suggest themselves, and which I will not stop to mention. Think you I could secure his services in devising? And think it would pay?"

Young Men Read This.—We will send on trial (before purchasing), Dr. Joy's Celebrated Electric Devices, invented by Prof. Douglas A. Joy, of the University of Michigan, especially for the cure of all nervous diseases, general debility, lost vigor and manhood, the results of abuses and other causes. Also for liver and kidney diseases, rheumatism, neuralgia, paralysis, female troubles and many other diseases. Wonderful cures quickly effected. Illustrated book sent free. Address the manufacturers, Wagner & Co., Chicago, Ill. (*Vick's Monthly Magazine.*)

Canadian Journal of Medical Science: We take much pleasure in correcting an erroneous impression which has gone abroad through the medium of the lay newspapers, and, we are sorry to say, also certain American medical journals, that her Majesty had threatened to withdraw her patronage from the International Medical Congress if female doctors were to be allowed to participate therein. It now appears that the rumor was totally and entirely without foundation, and that the decision to exclude women was solely the result of the deliberate convictions of a large majority of the committee.

Cincinnati Lancet and Clinic: It was a funny picture that of Dr. Hammond (300 lbs.) toiling about for an hour and a half in the depot of New Jersey, with the thermometer at 100°, trying to find a special train which was to carry him to Washington to take charge of the President, on the representation of an Alfred Jingle that the government had gone to pieces and all the cabinet and the whole country looked to him for safety. Come, come, William, find a seat back nearer the wall."

A novel but effective method of suicide was adopted by a man in England last month. He placed a dynamite cartridge in his mouth, and igniting the attached fuse, awaited results, which were a thorough disorganization of the buccal cavity, fracture of the base of the brain, and immediate death. This method of *felo-de-se* is supposed to be unique in the annals of suicide.

Nature is a relentless and untrammeled vivisector, and there is no secret of the living frame which she has not, or will not, at some time or place, lay bare in misery or pain.—*Foster.*

Four-rules for the preparation of an article for a journal: 1. Have something to say. 2. Say it. 3. Stop as soon as you have said it. 4. Give the paper a proper title.—*Billings.*

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Original Articles.

The Question of Malaria.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

This question is like Banquo's ghost. It will not "down at the bidding" of the eminences in medicine. It is ever recurring to worry the minds of medical men. There are traces of dissent from the accepted doctrines on the subject scattered all along through the record of the science. In 1848, Sir Jas. Murray said: "I consider that the exciting cause of disease which is called malaria is not 'bad air' at all." In 1871, Dr. Oldham in a little book entitled "What is Malaria?" found himself forced to the conclusion that malaria as a specific poison does not exist. There is abundance of this sort of opinion. The various theories that have been offered to explain the phenomena of diseases attributed to malaria have not proved acceptable to the medical profession. Hence they have been rejected and the old term has been adhered to, partly for this reason and partly because it is convenient. It is easy to diagnose a case of malaria, and it satisfies the minds of the patients to have their disease ascribed to some hidden cause. But the term will be dropped out of medicine soon and the history of its origin, the duration, extent, and prevalence of the doctrine, with the account of its gradual decline and total extinction will furnish interesting reading for future generations of doctors. The wonder with them will be that so false an idea could have been so pertinaciously insisted upon by men as scientific as those of this age. But truly the scientist of to-day does not rise above the level of the savage, at least in an appreciation of the causes of diseases. He of the wild untutored mind on first seeing a case of cholera or yellow fever grunts, ugh ! poison ! To what else does the cultured man of science attribute these diseases ? And why ? Because he is bound in the trammels of tradition.

The germ theory grand in its conception, sublime in its elaboration and beautiful in its adaptation, is responsible for the doctrine of malaria as it is believed in to-day. But the germ theory is a myth. The physical theory has never been fully presented, and the glandular theory was still-born. A new theory is therefore in order. But no new theory will ever win its way, however rational it may be, until the specific poisons of the congestive diseases have perished. The number of this brood is not by any means appalling. We have the poison of yellow fever, of cholera, of dengue, of typhus, of rice fever, of malarial fever, of coast fever, of Loodiana fever, of hæmaturic fever, of typho-malarial fever (2), of relapsing fever, of milk-sickness and of thermic fever. A dozen different poisons each producing a different disease. Nature is astonishingly prolific of poisons. Nor are these all. Objection will, however, be taken to placing sunstroke on this list as being due to a poison. To be consistent the advocates of the doctrine of specific poisons must assign it to this place, for if the theory of poisons is true sunstroke is due to a poison engendered by the action of the sun's rays upon the walls of houses, and the poison thus produced is the most virulent and fatal of the lot. To be consistent, too, the teachers of this doctrine must attribute marasmus, scurvy, exophthalmic goitre and the remainder of the ganglionic diseases to separate and distinct poisons. But consistency is not a part of any medical theory.

The feature of these diseases which seems to stultify the theory of their separate and specific origin, is the close resemblance they bear to each other in their pathological character. They in general are all congestive. The same symptoms appear in each. Thus metrorrhagia is a symptom of scurvy, of yellow fever, of cholera, of typhus, of malarial fever, and of some other diseases. The aching pains in the medulla of the tibia is characteristic of the more acute forms as well as of dengue. The " ferrety eye " belongs not alone to yellow fever but is frequently observed in other acute general diseases. This similarity of symptom denotes congeneity and shows sameness of cause.

But what has this to do with malaria ? Much. If malaria " the head and front of this offending " can be demolished, the balance of the specific poisons to which the congestive diseases are said to be due can readily be disposed of.

My young medical friend remarks that I might as well try to batter down the Chinese Wall with my head as to think of banishing the idea of malaria from the minds of medical men. That is true. Malaria is a Chinese Wall, but it is a purely imaginary one, and the task of battering it down is entirely feasible and not difficult. It is arduous and will require time, and must be accomplished by the head.

The request for the expression of opinion on the question has elicited numerous replies, the preponderance of which, if one may judge from the following examples, seems to be largely in favor of the views herein advanced. A few extracts are also given from letters not bearing directly on the subject, in the hope that they may prove of interest to the readers of this journal.

"Your views are mine. It is a physiological curiosity to find two men thinking about the same subject at such distance from each other, whose opinions so closely coincide. Can it be trancoidal ?

Geo. M. Beard.

P. S.—Have you read my last book ?

G. M. B.

I hope so.

P. P. S.——Am I the Boss Conkling of medicine?

G. M. B."

I guess not. But you may yet become that important personage if you will do like the rest of us and part your name in the middle, thus : G. Montezuma Beard.

"For Heaven's sake stop this ! The Board is devising a plan to exterminate malaria in the United States. You can have the contract for your State, or an inspectorship. You will demolish the Board if you keep on and then what will become of us?

John S. Billings."

I will take a contract to exterminate erroneous ideas of medicine throughout the United States, and will do it mainly by means of patent medicine almanacs. Or I will accept the editorship of the " Bulletin," at a large salary, provided I can have the Board for associates, and provided I can have the privilege of pitching them out of the window. I will promise you a lively sheet and one that will be in demand.

"You are on the right track as regards malaria. Write us a book on the subject and we will give you $5,000 for the copyright.

Wm. Wood & Co."

If there is any person in the wide world who knows a good thing when he sees it that person is a book publisher. But if any one thinks from this that New York publishers are aching for books to publish let him pack up his MSS. and hie him to that city. He will learn his mistake after a few months' experience in dancing attendance on these same fellows, and will console himself with the reflection that the best books are always rejected.

"The Board of National Health has deceived me. do so hope that your plan will succeed, and to help you carry it out I enclose my check for $——.

Mrs. Elizabeth Thompson.
Philanthropist."

Thanks. Philanthropists are a noble class. Are Jay Gould and W. H. Vanderbilt philanthropists also?

"I thank you for your essay on yellow fever. I concur in your views on malaria.

Dom Pedro II."

This opinion ought to have great weight.

"We want a new medical editor and reporter for *The Evening News* at a liberal salary. Our other man has been privately killed, and we suspect that his body has been dissected in one of the medical colleges in this city. We will insure your life for the benefit of your family. Will you accept the position?

J. E. Scripps."

Killing seems harsh treatment, but it was the only remedy for such a case. This fellow's comments particularly on the President's case were especially exasperating, and the intense and bitter animosity he excited could only be satisfied by dissecting his cadaver. Declined most positively.

"You are an agnostic or an amnesic or a syn-g'g-something or-other· I shall have to invent a new term to suit your case.

Wm. A. Hammond."

Very well. If you erect a new term don't spoil the roots.

"So you do not believe in malaria? Come down here to New Orleans and I will show you spores by the cart-load.

S. M. Bemis."

I have no doubt I could see as many as you do if I looked through the same reflecting medium and took observations with the same instrument. G-r-e-a-t is malaria and Bemis is its prophet.

"No malaria? You can't make me believe that. I lived in Michigan too long. Why, if there aint any malaria how do you account for ——

J. Adams Allen."

I account for nothing.

"Of course you are right. There is no malaria, no more than there is any hell. When I was a boy I had the ague all one summer, and the doctors said that when cold weather set in I would get well, but I shook all winter. The doctors are a pack of d——d fools.

Bob Ingersoll."

"After all is there not some miasm or septic poison back of the condition in all of these diseases?

A. B. Palmer."

It is hard to teach an old bird to sing a new song.

"I have known that there is no malaria—in my own system—ever since I was Governor of Nevada. I don't know how it is with other people. If the "revised edition" is anything like the new Bible you may send me fifty copies for my friends. We all love good books.

M. Clemens Twain."

"No such thing as malaria? Why, my dear sir, Dr. Salisbury and I have seen the spores, seen billions of them, with our little microscopes, and have taken their photographs. You might as well try to make us (Dr. Salisbury and me) believe that consumption is not due to a ferment generated in the stomach from starchy ingesta, and thence absorbed into the blood, as to convince us that there is no malaria. Malaria exists as certainly as bacteria, micrococci *et id genus omne.*

Ephraim Cutter.
(Late of Boston)."

How full of truth was the recent remark of Oliver Wendell Holmes that the microscope is breeding a generation of intellectual myopes! The lens also excites the vivid imagination.

"Citizen Doctor: You belong to the Church of the Best Licks. So do I. The monster is not dead and you must hit him again. What the roc is to the condor; what the griffin is to the flying-fish; what the phœnix is to the eagle; what the unicorn is to the ibex malaria is to

G. Francis Train."

There is a wide difference between the amount of fluent writing and talking about septic processes and zymosis and the amount of positive and demonstrable knowledge we have as yet acquired on these recondite matters. I confess that I have been seriously impressed with the danger that follows from the too speedy adoption of the popular theory of blood-poisoning.

Wm. Pepper."

The germ theory is then true—of thought. You have read my article on gangliasthenia, and the germs of truth in it entering your brain through your eyes set up in the molecules of your cerebrum a zymotic action by which the above thoughts were produced.

"The antagonism of the bromide of ammonium to gangliasthenia will be considered by me in my next course of Lumleian lectures.

Bartholow, LL. D."

All right, old fellow! I have no doubt you will do the subject full justice. The amount of "fine writing" you give us is astonishing.

"The Code of Ethics is one of the noblest works ever produced by the mind of man, and ranks with the Declaration of Independence. The man who disregards its mandates ought to be shot on the spot. I am preparing the "Physician's Creed." It begins: "Credo in malaria," and will include all the specific poisons.

N. S. Davis."

Let me see you belong to the venerable body of antiques yclept the American Medical Association whose delight it is to listen to essays on "Thumb Sucking" and whose chief business is to tinker the Code. Permit me to suggest that you furnish us a dissertation on the scientific aspects of "Thumb Twiddling," as practiced by medical neophytes as a means of sustentation.

"I have been over all that ground years ago and settled the questions at issue to my own satisfaction. Yet it is conceivable that you may find one or two unsettled points.

J. S. Jewell."

You have scratched over considerable territory. Suppose now that you take a small spot and delve deep.

"We have a little coterie down here which we conduct on the "you tickle me and I'll tickle you" principle. If one member writes a book or an article the rest of us write reviews or notices of a laudatory character, and the favor is returned with interest. Come and join us. You will never amount to anything in the backwoods.

A——D S——é."

I can't join your crowd. I will have to belong with the boys who part their names in the middle if I conclude to train with a coterie. I think, however, I had rather crow from a pine stump than to be a murmurer of the city. Invite Parvin ; he is also a "voice crying in the wilderness." And yet I have a notion he is inside of the ring.

"Your views are substantially correct, and are as near the truth as you can arrive at present.

Shade of SIR JAMES MURRAY."

This sentence was communicated through a celebrated medium. Its author does not seem to have changed his views, and as his vision is probably clearer than when he was in the flesh, this opinion should have proportionately greater weight.

The statement of the vote on the question is deferred to a future occasion because complete returns have not been received. A full expression of opinion is desired from all those who have the moral courage of an opinion on the subject.

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Wanted, a Diagnosis.

BY JOSEPH A. STITES, M. D., BELMONT, NEVADA.

Mrs. A., aged 28, married 9 years, and mother of three children, oldest 7 years old, and youngest 3 years. All of her labors were natural (not instrumental), children healthy, hearty and well developed; all wet nursed by another than the mother. Since the birth of the last the mother has been very anæmic, appetite moderate, habits regular, menstruation regular but profuse; she complained of nothing but weakness and shortness of breath. Removed from New York state to this place, where the altitude being so much higher, the dyspnœa increased, till at times it caused fainting spells. Tonics were prescribed, with beef and wine, nourishing diet, egg, milk and cognac, without any seeming benefit. Since her residence here, which has been just eight months, her menstruation has come on every three weeks, but has felt no increasing weakness or ill effect from this till July, when she complained of great heat across abdomen, and intense pain in left ovaries. An examination revealed active congestion or inflammation. There was uterine displacement (retroversion.) Hot fomentation of hops and a mixture of equal parts of belladonna and aconit. tinct. were applied over the seat of the pain, and anodynes were given internally at night. This treatment brought relief in a few days, although the patient was kept on her back for three weeks. Since getting up she complains of uneasiness and distension of the lower portion of the abdomen. There is no pain either on severe or light pressure, during the bloating, which at times is quite considerable, but when this subsides there is great distress in the region of the ovaries, and in the small of the back, and acute pain in the pelvic cavity. This bloating arises and disappears three and four times a day, but it is confined to the lower portion of the abdomen. On examination during the bloat, I find only the retroversio uteri without congestion or inflammation. The dyspnœa continues, and is probably aggravated by the high altitude.

Family history shows father's side to be healthy, deaths only occurring from old age or accidents; on the mother's side there is cancer. The patient herself, though never strong, was never before confined to her bed. Never had any leucorrheal discharge. The treatment has been tonic and supporting.

Inasmuch as she had worn a pessary before coming here, and it had caused her much pain, and as the urgency does not seem to render interference in this regard neccessary, I have not as yet deemed it advisable to attempt replacement.

The interesting and perplexing questions in the case are, what causes this frequent bloating? And, how is it that during the bloating there is absence of pain?

[It would appear to us that the uterus in this case should be replaced without delay, and a proper pessary adjusted. The fact that the former trial of the pessary caused great pain, argues only either that the uterus was not properly replaced, or that the pessary was not properly adapted. The bloating may be caused by the displaced uterus, and through the distension which it causes may actually elevate the fundus, thus partially relieving the displacement.—ED.]

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A Case of Spurious Hydrophobia.

REPORTED BY DR. D. W. FLORA, NEWAYGO, MICH.

Mrs. M., aged about 25 years, and the mother of two boys, while living in the suburbs of the city of Grand Rapids, in the fall of 1878, became affected with a low grade of malarial fever, which reduced her strength, causing her to become somewhat nervous and anæmic. In addition to her own duties, the superintendence of her husband's business in his absence no doubt largely contributed to predispose her to the nervous attack I am about to briefly relate:

About the middle of September of the above year, this lady in passing through a gate guarded by a powerful Newfoundland dog, was attacked by him and slightly bitten in the thigh through her clothing. The wound was not dangerous, and was well in a few days, but the shock from fright was very severe.

On the morning of Sept. 30th I received a dispatch that Mrs. M. had hydrophobia, and to come immediately. I found her raving incoherently, making a noise at times which was supposed to imitate the bark of a dog. This lady had neither eaten nor slept for four days. She shuddered at the sight of water, and had trismus so severe as to require a man's whole strength of right arm to pry open the jaws. She snapped at every one who attempted to touch her. It was impossible to keep her clothing upon her. A mixture of brom. potas. ʒ ij, chlor.

hydrate ʒ j, syrup ℥ jv, was prepared, and a tablespoonful every half hour was administered by prying open her jaws. At the end of two hours she slept. On awaking after a three hours' sleep she appeared much more quiet, though not yet rational. She was prevailed on to swallow some water and a half cup of tea. Continued bromide and chloral mixture. At half past six she was put to bed, and slept until seven next morning. She awoke rational, but very much prostrated; washed her hands and face in a basin of water, and partook of toast and tea, the first food in four days. Under tonic and anti-periodic treatment she progressed steadily toward recovery.

In addition to this lady's anæmic and nervous condition, powerfully predisposing her to hallucinations, she had the meddling sympathy of friends and neighbors, recommending the application of the "mad stone" and other prophylactic remedies.

The moral of the foregoing case is so apparent that it need not be pointed out.

Rupture of the Membranes in Labor.

BY EDWARD WATSON, M. D., SIOUX FALLS, DAKOTA.

Vol. 1, No. 14, Michigan Medical News, contained an article giving my decided approval of rupturing the membranes at an early stage of labor. The article in question was answered by two publications in following numbers of Mich. Med. News. One was not worthy of notice; the other contained the general view held by practitioners, that the sack assisted in the dilatation, and that too much handling of the parts would produce tumefaction, etc. Three years have now passed since I wrote the article. During this time my practice has been extensive, and I can now sincerely endorse all. I then said rupture the membranes as soon as you can after labor has commenced; use your fingers all you can, and you will shorten the duration of labor.

The idea of tumefaction being caused by too much handling of the parts is not true. I have generally found swelling in slow and neglected cases, and have always succeeded in greatly reducing it by pressure with my fingers.

In a large practice extending over a number of years, I have always ruptured the membranes early — the duration of labor has almost invariably been shortened, and I can say that I have never applied forceps except in case of deformed pelvis.

Selections.

Pasteur's Address on the Germ Theory.—M. Pasteur, after referring to his cordial reception by the International Medical Congress and regarding it as a mark of homage paid to his labors during twenty-five years upon the nature of ferments proceeded as follows:

Your cordial welcome has revived within me the lively feeling of satisfaction I experienced, when your great surgeon Lister declared that my publication in 1857 on milk-fermentation had inspired him with his first ideas on his valuable surgical method. You have re-awakened the pleasure I felt when our eminent physician Dr. Davaine declared that his labors upon *charbon* (splenic fever or malignant pustules) had been suggested by my studies on butyric fermentation and the vibrio which is characteristic of it.

Gentlemen, I am happy to be able to thank you by bringing to your notice a new advance in the study of micro-organisms as applied to the prevention of transmissible diseases—diseases which for the most part are fraught with terrible consequences, both for man and domestic animals. The subject of my communication is inoculation in relation to chicken cholera and splenic fever, and a statement of the method by which we have arrived at these results—a method the fruitfulness of which inspires me with boundless anticipations.

Before discussing the question of splenic fever vaccine, which is the most important, permit me to recall the results of my investigations of chicken cholera. It is through this inquiry that new and highly important principles have been introduced into science concerning the virus or contagious quality of transmissible diseases. More then once in what I am about to say I shall employ the expression virus-culture, as formerly, in my investigations on fermentation, I used the expressions, the culture of milk-ferment, the culture of the butyric vibrio, etc. Let us take, then, a fowl which is about to die of chicken-cholera, and let us dip the end of a delicate glass rod in the blood of the fowl with the usual precautions, upon which I need not here dwell. Let us then touch with this charged point some *bouillon de poule*, very clear, but first of all rendered sterile under a temperature of about 115° cent. (239° Fahr.), and under conditions in which neither the outer air nor the vases employed can introduce exterior germs—those germs which are in the air or on the surface of all objects. In a short time, if the little culture vase be placed in a temperature of 25° to 35° cent. (77° to 95° Fahr.), you will see the liquid become turbid and full of tiny micro-organisms, shaped like the figure 8, but often so small that under a high magnifying power they appear like points. Take from this vase a drop as small as you please, no more than can be carried on the point of a glass rod as sharp as a needle, and touch with this point a fresh quantity of sterilised *bouillon de poule* placed in a second vase and the same phenomenon is produced. You deal in the same way with a third culture vase, with a fourth, and so on to a hundred or even a thousand, and invariably within a few hours the culture liquid becomes turbid and filled with the same minute organisms. At the end of two or three days' exposure to a temperature of about 30° cent. (86° Fahr.), the thickness of the liquid disappears, and a sediment is formed at the bottom of the vase. This signifies that the development of the minute organism has ceased—in other words, all the little points which caused the turbid appearance of the liquid have fallen to the bottom of the vase; and things will remain in this condition for a longer or shorter time, for months even, without either the liquid or the deposit undergoing any visible modification, inasmuch as we have taken care to exclude the germs of the atmosphere. A little stopper of cotton sifts the air which enters or issues from the vase through changes of temperature.

Let us take one of our series of culture preparations—the hundredth or the thousandth, for instance—and compare it in respect to its virulence with the blood of a fowl which has died of cholera; in other words, let us inoculate under the skin ten fowls, for instance, each separately with a tiny drop of infectious blood and ten others with a similar quantity of the liquid in which the deposit has first been shaken up. Strange to say, the latter ten fowls will die as quickly and with the same symptoms as the former ten: the blood of all will be found to contain after death the same minute infections organisms. This equality, so to speak, in the virulence both of the culture preparation and of the blood is due to an apparently trivial circumstance. I have made a hundred culture preparations—at least, I have understood that this was done—without leaving any considerable interval between the impregnations. Well, here we have the cause of the equality in the virulence.

Let us now repeat exactly our successive cultures with this single difference, that we pass from one culture to that which follows it, from the hundredth to say, the hundred and first, at intervals of a fortnight, a month, two months, three months, or ten months. If, now, we compare the virulence of the successive cultures, a great change will be observed. It will be readily seen from an inoculation of a series of ten fowls, that the virulence of one culture differs from that of the blood and from that of a preceding culture, when a sufficiently long interval elapses between the impregnation of one culture with the micro-organism of the preceding. More than that, we may recognise by this mode of observation that it is possible to prepare cultures of varying degrees of virulence. One preparation will kill eight fowls out of ten, another five out of ten, another one out of ten, another none at all, although the micro-organism may still be cultivated, in fact what is no less strange if you take each of these cultures of attenuated virulence at a point point of departure in the preparation of successive cultures and without appreciable interval in the impregnation, the whole series of these cultures will reproduce the attenuated virulence of that which has served as the starting point. Similarly, where the virulence is null, it produces no effect.

How, then, it may be asked, are the effects of these attenuated virulences revealed in the fowls? They are revealed by a local disorder, by a morbid modification more or less profound in a muscle, if it is a muscle which has been inoculated with the virus. The muscle is filled with micro-organisms, which are easily recognised because the attenuated ones have almost the bulk, the form, and the appearance of the most virulent. But why is not the local disorder followed by death? For the moment, let us answer by a statement of facts. They are these: the local disorder ceases of itself more or less speedily, the micro-organism is absorbed and digested, if one may say so, and little by little the muscle regains its normal condition. Then the disease has disappeared. When we inoculate with the micro-organism the virulence of which is null there is not even local disorder; the *natura medicatrix* carries it off at once, and here, indeed, we see the influence of the resistance of life, since this micro-organism, the virulence of which is null, multiplies itself.

A little further, and we touch the principle of vaccination. When the fowls have been rendered sufficiently ill by the attenuated virus which the vital resistance has arrested in its development, they will, when inoculated with virulent virus, suffer no evil effects, or only effects of a passing character. In fact, they no longer die from the mortal virus, and for a time sufficiently long, which in some cases may exceed a year, chicken cholera cannot touch them, especially under the ordinary conditions of contagion which exist in fowl-houses. At this critical point of our manipulation—that is to say, in this interval of time which we have placed between two cultures, and which causes the attenuation, what occurs? I shall show you that in this interval the agent which intervenes is the oxygen of the air. Nothing more easily admits of proof. Let us produce a culture in a tube containing very little air, and close this tube with an enameller's lamp. The micro-organism in developing itself will speedily take all the oxygen of the tube and of the liquid, after which it will be perfectly free from contact with oxygen. In this case it does not appear that the micro-organism becomes appreciably attenuated, even after a great lapse of time. The oxygen of the air, then, would seem to be a possible modifying agent of the virulence of the micro organism of chicken-cholera; that is to say, it may modify more or less the facility of its development in the body of animals. May we not be here in presence of a general law applicable to all kinds of virus? What benefits may not be the result? We may hope to discover in this way the vaccine of all virulent diseases; and what is more natural than to begin our investigation of the vaccine of what we in French call *charbon*, what you in England call splenic fever, and what in Russia is known as the Siberian pest, and in Germany as the *Milzbrand.*

In this new investigation, I have had the assistance of two devoted young *savants*, MM. Chamberlain and Roux. At the outset, we were met by a difficulty. Among the inferior organisms all do not resolve themselves into those corpuscle-germs which I was the first to point out as one of the forms of their possible development. Many infectious micro organisms do not resolve themselves in their cultures into corpuscle-germs. Such is equally the case with beer-yeast, which we do not see develop itself usually in breweries, for instance, except by a sort of fissiparous production. One cell makes two or more which form themselves in wreaths; the cells become detached, and the process recommences. In these cells, real germs are not usually seen. The micro-organism of chicken cholera and many others behave in this way, so much so that the cultures of this micro-organism, although they may last for months without losing their power of fresh cultivation, perish finally like beer-yeast which has exhausted all its aliments. The anthracoid micro-organism in artificial cultures behaves very differently. In the blood of animals, as in cultures, it is found in translucid filaments more or less segmented. This blood or these cultures freely exposed to air, instead of continuing according to the first mode of generation, show at the end of forty-eight hours corpuscle-germs distributed in series more or less regular along the filaments. All around these corpuscles matter is absorbed, as I have represented it formerly in one of the plates of my work on the diseases of silkworms. Little by little all connection between them disappears, and presently they are reduced to nothing more than germ-dust. If you make these corpuscles germinate, the new culture reproduces the virulence peculiar to the thready form which has produced these corpuscles, and this result is seen even after a long exposure of these germs to contact with air. Recently we discovered them in pits in which animals dead of splenic fever had been buried for twelve years, and their culture was as virulent as that from the blood of an animal recently dead.

Here I regret extremely to be obliged to shorten my remarks. I should have had much pleasure in demonstrating that the anthracoid germs in the earth of pits in which animals have been buried are brought to the surface by earthworms, and that in this fact we may find the whole etiology of disease, inasmuch as the animals swallow these germs with their food.

A great difficulty presents itself when we attempt to apply our method of attenuation by the oxygen of the air to the anthracoid micro-organisms. The virulence establishing itself very quickly, often after four-and-twenty hours in an anthracoid germ which escapes the action of the air, it was impossible to think of discovering the vaccine of splenic fever in the conditions which had yielded that of chicken cholera; but was there, after all, reason to be discouraged? Certainly not. In fact, if you observe closely, you will find that there is no real difference between the mode of the generation of the anthracoid germ by fission and that of chicken cholera. We had, therefore, reason to hope that we might overcome the difficulty which stopped us by endeavoring to prevent the anthracoid micro-organism from producing corpuscle-germs, and to keep it in this condition in contact with oxygen for days, and weeks, and months. The experiment fortunately succeeded. In the ineffective (*neutre*) *bouillon de poule* the anthracoid micro-organism is no longer cultivable at 45° Cent. Its culture, however, is easy at 42° or 43° Cent., but in these conditions the micro-organism yields no spores. Consequently it is possible to maintain in contact with the pure air at 42° or 43°, a mycelian culture of bacteridia entirely free of germs. Then appear the very remarkable results which follow. In a month or six weeks the culture dies. That is to say, if one impregnates with it fresh *bouillon*, the latter is comparatively sterile. Up till that time life exists in the vase exposed to air and heat. If we examine the virulence of the culture at the end of two days, four days, six days, eight days, etc., it will be found that long before the death of the culture the micro-organism has lost all virulence, although still cultivable. Before this period it is found that the culture presents a series of attenuated virulences. Everything is similar to what happens in respect to the micro-organism in chicken cholera. Besides, each of these conditions of attenuated virulence may be reproduced by culture; in fact, since the *charbon* does not recur a second time (*ne récidive pas*), each of our attenuated anthracoid micro-organisms constitutes for the superior micro-organism a vaccine—that is to say, a virus capable of producing a milder disease.

Here, then, we have a method of preparing the vaccine of splenic fever. You will see presently the practical importance of this result; but what interests us more particularly is to observe that we have here a proof that we are in possession of a general method of preparing virus vaccine based upon the action of the oxygen and the air—that is to say, of a cosmic force existing everywhere on the surface of the globe. I regret to be unable from want of time to show you that all these attenuated forms of virus may very easily, by a physiological artifice, be made to recover their original maximum virulence. The method I have just explained of obtaining the vaccine of splenic fever was no sooner made known, than it was very extensively employed to prevent the splenic affection. In France, we loose every year by splenic fever animals of the value of 20,000,000 francs. I was asked to give a public demonstration of the results already mentioned. This experiment I may relate in a few words. Fifty sheep were placed at my disposition, of which twenty-five were vaccinated. A fortnight afterward the fifty sheep were inoculated with the most virulent anthracoid micro-organism. The twenty-five inoculated sheep resisted the infection; the twenty-five non-inoculated sheep died of died of splenic fever within fifty hours. Since that time my energies have been taxed to meet the demands of farmers for supplies of this matter. In the space of fifteen days, we have inoculated in the department surrounding Paris more than 20,000 sheep and a large number of cattle and horses.

If I were not pressed for time, I should bring to your notice two other kinds of virus attenuated by similar means. These experiments will be communicated by-and-bye to the public.

I cannot, conclude, gentlemen, without expressing the great pleasure I feel at the thought that it is as a member of an International Medical Congress assembled in England that I make known the most recent results of vaccination upon a disease more terrible, perhaps, for domestic animals than smallpox is for man. I have given to vaccination an extension which science, I hope, will accept as a homage paid to the merit, and to the immense services rendered by one of the greatest men of England, Jenner. What a pleasure for me to do honour to this immortal name in this noble and hospitable city of London!

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SIXTY-FIVE DAYS IN A BATH-TUB.—Willie Norton æt. 17, April 26, 1878, had been fourteen weeks under treatment for rheumatism, though the disease was probably from the first, necrosis of the left femur, involving the knee-joint by the absorption of the tissues under the pressure of the burrowing of the pus. The knee had become flexed to an angle of 45° and three enormous bed-sores had formed, one on the sacrum and one on each trochanter. There was great emaciation with the frequent pulse of exhaustion, and an opium habit had been formed. The suspension of the limb over a double-inclined plane could not be borne, and his outcries were piteous; but it was noticed that he made no complaint while in the water. May 7th, the twelfth day of treatment, he remained in the water eleven hours without any evil result, except a greater sensitiveness to pressure on the bed-sores while in bed. May 9th, fourteenth day, he was swinging in the water by towels, each leg and the trunk being suspended separately from pulleys attached to the ceiling. From this time he ate, drank, slept and evacuated his rectum and bladder in the bath, the escape of the watter carrying away these products.

In addition to the partial change by the entrance of warm water and the displacement of an equal quantity, the tub was cleaned out once a day, the patient remaining suspended in his harness. Two quarts of salt were added to each bath. The patient had three grains of quinine every morning, beer with meals and an anodyne at night; also chlorate of potash at times for a sore mouth. The appetite varied from poor to good, and the bed-sores made satisfactory progress under water.

The nineteenth day of treatment the presentation of a spiculum of bone produced temporary disturbance, but with the removal of the spiculum of bone and the evacuation of a considerable amount of pus the symptoms improved. The promise of successful treatment became less as the warm weather came on, his appetite failed, his bowels became loose, and he died asthenic, July 18th, having been sixty-five days continually in the bath, submerged, all but his head and the anterior portion of his neck and chest.

The bed-sores became nearly healed, but toward the last with the failure of vital force, the healing process was arrested. The bath having been once tried became a practical necessity, as when in bed his screams filled the house, unless under the influence of large doses of morphine; while in the bath he rarely screamed, and during a considerable portion of the time seemed comfortable. This case is valuable in this connection, as it shows the friendliness of immersion to the progress of granulation and cicatrization, evinced in the healing of the bed-sores. It furnishes encouragement for the employment of the bath in the case of severe lacerations and contussions, such as occur in railroad accidents.

With the water well protected by chloride of sodium, salicylic acid and carbolic acid, the fear of blood poisoning from dead tissues may be laid aside, and the disappearance of shock awaited for such amputation as may be necessary.

In the meantime, the survival or the persisting of injured parts, under antiseptic water, may serve as a guide to the amount necessary to be sacrificed.—Dr. D. Prince in *St. Louis Med. and Surg. Journal.*

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IS THERE A SPECIFIC URETHRITIS?—In a "special article" in the September number of the New York *Medical Journal and Obstetrical Review* Dr. P. Albert Morrow handles the question of the specific or non-specific nature of gonorrhœa. After a fair statement and a close analysis of the arguments for and against specificity, he concludes that the position of the *virulists* rests altogether upon pure hypothesis, and is wholly untenable, while all the facts—experimental, clinical, and pathological—are overwhelmingly in favor of the non-specific character of gonorrhœal inflammation. When we apply the gauge of specificity to gonorrhœa it corresponds to none of the conditions of an undoubtedly specific inflammation. No artificial production of any disease belonging to this group is possible; a specific disease is the product alone of specific poison. Gonorrhœa, on the contrary, may be due to a variety of causes—contagious, irritant (mechanical or chemical), diathetic, etc. Again, in all specific diseases there is between the time of infection and the first expression of the disease a period of incubation. No incubation, properly so called, characterizes gonorrhœa. A drop of this same gonorrhœa pus, which may require two or three days to excite suppuration of the urethra, will develop such effect in a few hours when applied to the conjunctiva, showing that the so-called incubation depends not upon the quality of the exciting cause, but upon the susceptibility of the mucous membrane. Another distinctive peculiarity of this group is that a single attack of the disease confers almost comple security from another attack—a peculiarity precisely the opposite of what is observed of gonorrhœa. The morbid poison of a specific inflammation, once in action, continues until the textural predisposition to its special stimulus is exhausted. The patient is incapable of regenerating the poison or of being affected by it when exposed anew. Both of these conditions are negative in the clinical history of gonorrhœa. Finally, specific inflammation determines special pathological changes and demands special treatment. Identical pathological processes are met with in urethritis from various causes, and the most radical of virulists treat all urethral inflammations alike.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, SEPTEMBER 26, 1881. No. 18

Editorial.

A Suit for Malpractice.

Some weeks ago Prof. Donald Maclean, of the medical department of the University of Michigan, brought an action before a Justice of the Peace, of this city, to recover a fee for an operation on the wife of a Mr. Hayes. The defendant disputed payment on the plea that the operation had been ill-advised, and alleged that the result had been to render his wife a permanent invalid. The operation was undertaken for the relief of recto-vaginal fistula, and consisted in cutting through the body of the perinæum. It was unsuccessful from the fact that there was no union, and as a consequence there is prolapsus of the uterus and the rectum, and the patient is unable to assume the perpendicular position. It is alleged that surgeons in this city had refused to operate on account of the patient's general condition, and it is said that Mr. Hayes was present at the Justice Court prepared to adduce evidence in support of these allegations, but the plaintiff failed to put in an appearance, and was non-suited. A discussion of the case followed in the public print, and an action for $20,000 damages against Professor Maclean is the latest phase of the case.

On general principles we sympathize with Prof. Maclean, and trust that he may be able to convince the jury that the operation was not only justifiable, but that it was also properly performed. Suits of this nature are among the contingencies of surgical practice, and unfortunately doctors differ and juries are peculiar, their faith in medicine making it difficult for them to understand that it cannot always overcome the defects of nature.

We know nothing of the facts of this case outside of what is contained in the plaintiff's declaration, but if it should really appear that the perineal body was divided there will unfortunately be the possibility of a diversity of expert testimony. The result may, therefore, be a repetition of court scenes such as the profession of this State, and other states, are already too familiar with. In view of this possibility we would respectfully ask for a careful re-reading of recent editorial articles in this journal. In all cases of this nature not only are the ends of justice to be subserved but the reputation of the profession is to be sustained. We do not wish to intimate that in order to sustain this reputation it is necessary for witnesses to even shade their testimony in favor of the defendant, but it is necessary that there should be an entire absence of prejudice against either party in the suit. It is unfortunate that an unusual operation should be attended with untoward results, as in the case under consideration, but there are certain fundamental facts to be borne in mind in forming an opinion regarding it, and among these is the fact that surgeons who have examined the case are in a better position to judge of the necessity of any particular operation than are "experts" whose opinions are based on a merely hypothetical case.

Dr. Joy's Electric Devices.

The first noticeable effect of our exposé of the Joy-Electric-Device affair has been to draw forth replies from three of the five University professors implicated. Prof. Palmer's letter in our last has already received attention. Prof. Frothingham's reply appeared in the University organ, and Prof. Joy, with charming consistency, sought the columns of the *Evening News*, a secular paper of this city, as the medium through which to set himself right, his attempt, by the way, being a very lame one. Prof. Frothingham's reply is characteristic of the gentleman, and it would have been well had his colleagues taken their cue from this reply in venturing their "explanations." It disarms criticism by its ingenuousness, its absence of all attempt at justification, its candid admission that a mistake had been made and its expressed determination never again to be led into a similar trap. Had the organ either caught the spirit of this manly reply, or allowed it to go forth without comment as the expression of the faculty on the subject, the matter would have been in better shape now. But it goes very much against the grain of human nature to publicly acknowledge a mistake, and it is only the larger natures that can do so, and doing it can do so with any degree of grace. The organ does not, therefore, surprise or disappoint us when it seeks to break the force of our plain statement of facts by ill-natured reference and covert inuendo. The burden of its reply is an attempt to create the impression that we have, with sinister motive, seized Prof. Joy's individual transgression and used it as a weapon with which to smite his colleagues. It, furthermore, in the sublimity of its logic, claims that Dr. Joy is not a "professor" in the medical department of the University, and that we are, or should have been, aware of the fact. We reply that we were not thus aware, not being in possession of any knowledge of such nature as would lead us "to go back of the returns." If Douglas A. Joy, E. M., M. D., be not a professor in the medical department of the University of Michigan why, we would enquire, does his name, with due embellishment of appendage, grace the list of the

Faculty as it appears in the announcement for 1881-2? And why is it, if he be not a professor, as above, is he cited to appear before the regents of the University to show cause why he be not expelled from the Faculty for his implication of the said faculty in the notorious Dr. Joy's Electrical Device (with scrotal attachment) pamphlet? There may be technical objections to the prefixing of Dr. Joy's name with the title "Professor," but even the organ will scarcely dispute the fact that the appearance of an individual's name on the "Faculty List" of a college justifies one, who is not behind the scenes, in referring to him as a professor. It is recognized as one of the "tricks of the trade" for less imposing college concerns to fill their faculty list with a large number of names for "effect," but it was never suspected that the great university of a great state could be guilty of such a device.

We have no desire to pursue this matter further, and shall be willing without further discussion, provided the professors are willing, to let the case go to the jury,—the profession.

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The Late President.

At length the suspense is over; the assassin's bullet has accomplished its end and James Abram Grafield, twentieth President of this Republic, lies a corpse. For eighty days this man of powerful physique, of great endurance, of hopeful spirit and of extraordinary powers of vital resistance, combatted the assaults of disease, the shock of the original wound, the exhaustion of suppuration and the pyæmia; but there is a limit to endurance and the strongest vital citadel must succumb to unrelenting attack.

It is not for the medical journal to speak of the man but as an animal. Those qualities of head and heart which make him more than the animal, which indeed make him man, it is reserved for other journals tq discuss, and we must restrain our strong desire to speak of those qualities which existed to such a degree in James A. Garfield as made him great among the great ones whose recorded deeds make history, and whose unrecorded domestic lives make the truer heroes of humanity. We would fain add our humble tribute to the memory of this king among men, this greatest of American Presidents, this filial son, this devoted husband, this exemplary parent, but we must be content with simply laying an immortelle on his bier and dropping on his grave the heart-felt tear.

We have endeavored during the continuance of this tedious case to interpret as best we could the language of the tri-daily bulletins, with a view to forming a prognosis and have not hesitated to criticise the methods, not necessarily those of treatment, of the surgeons in charge. The case has been one of unparalleled interest in the annals of medicine. It has terminated fatally and such comments as may hereafter be made on it and the conduct of the gentlemen in charge, must be dispassionate and such criticism as it may receive must not be in the nature of recrimination. A full and intelligble history of the case with a report of the antopsy will doubtless soon be made to the profession and doubtless too those eminent consultants, Drs. Hamilton and Agnew, will be able to give to the profession a satisfactory reason for their silence in the face of the persistent denial by Dr. Bliss of the condition of the President, which even the unsatisfactory bulletins proclaimed to the profession. The final admission of pyæmia is not compatible with the previous denials by Dr. Bliss that such a condition existed. The question which the profession will now ask is, What was done by way of prophylaxis? The danger of pyæmia in a such wound as that which killed the President are necessarily great; was all done that could have been done to prevent its occurrence? We have not yet been informed and the answer to the question will be contained in the history of the case and will be awaited with great interest. The treatment other than prophylactic will never be seriously questioned, and indeed the history of pyæmia left little room for hope from curative measures after it was admitted that pyæmia had developed.

[Since the above was put in type the autopsy has been held and is reported elsewhere in these pages.]

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There were sent out about two weeks a number of "reminders" to certain subscribers of the NEWS. The number of those who took the hint was encouraging, but still a few remain who have failed (probably refused) to see the point. To such we would say the year is drawing to a close, the harvest is past, the summer is ended, and ye have forgotten the printer. But there is yet time, and by remitting soon we shall have the pleasure of your company during the approaching year. There must be a clean slate for the opening of 1882.

Miscellany.

THE KNELL OF LISTERISM.—Dr. William Warren Greene, of Portland, Maine, in writing from London, graphically describes as follows the memorable scene at the International Congress during the discussion of Listerism. The letter has a superadded melancholy interest from the fact that its gifted writer died on his way home and was buried at sea:

Spencer Wells read a paper. He took strong Listerian ground, and said that now he had given up drainage altogether, so great was his faith in antiseptic surgery. Several others, Volkmann especially, followed in a similar strain. Then Marion Sims arose, and while he declared for Listerism he advocated drainage, and reminded Mr. Wells of a case (ovariotomy) in which he assisted him in a bad operation—bad on account of adhesions—and the patient *almost* died but at last nature opened the abdominal wound and discharged a large amount of fetid fluid, and immediately she recovered. Finally came Mr. Keith to close the discussion. Never in the history of surgery did a few modest words make such a recoil in the "currents of expectant thought" as his that I shall relate.

It has been said, and was repeated by Volkmann and Kuget, in this discussion, that intraperitoneal surgery was the "touchstone of Listerism." Prof. Keith has been quoted the world over, again and again, as not only a warm disciple of Lister, but as illustrating in his remarkable success in ovariotomy, *more than any other surgeon*, the value of the antiseptic, or rather, the Listerian method. No one can deny this.

So slowly were his few words uttered that I can almost repeat every one *verbatim.*

You can imagine the effect much better than I can describe it when he said that for several months past he had "abandoned the antiseptic treatment altogether." "True," he said, "I had eighty successive recoveries under Lister's method, and *stopping there* it would be a wonderful showing. *But out of the next twenty-five I lost seven.* One died of acute septicemia, in spite of the most thorough antiseptic precautions; three of unquestionable carbolic-acid poisoning; one of renal hemorrhage." He went on to say that out of the eighty consecutive cases (or rather he said at first) many came too near dying; that a large number got a high temperature—105°, 106°, 107°, F.—the evening following the operation; but, he said, "they happened to pull through." He then said that since he had for four months past abandoned the antiseptic method, and relied upon perfect cleanliness, care in controlling hemorrhage, and thorough drainage, his cases were giving him much less trouble, and he was getting more satisfactory results.

He now stopped for a few moments, hesitating, as he must have realized the importance of his words, knowing that the whole world—surgical—was lending a "listening ear" to his utterances. The silence was "audible." Then he raised his head, and looking his audience squarely in the face, he said, "Gentlemen, I have felt it my duty to make these statements, for *they are true,*" and he took his seat.

I shall not attempt to describe the applause, nor the effects of his statements. Prof. Keith, by the way, told me privately that he almost died himself from using the carbolic acid so much. He got renal hemorrhage and debility to an alarming degree. He said, moreover, that he never had great faith in it, and should not have continued its use so long—I mean the "Lister" method—but for the fact that so many eminent men were carried away with it; and if, after his remarkable series of cases, he had changed, and lost seven out of twenty-five as he did, without Listerism, all the world—he himself—would have attributed the result to the change.

One thing is certain: Mr. Keith's statements, in connection with those of others, *and his own experience*, put Mr. Lister in a very unpleasant position; for he was put down on the programme to close the discussion on the treatment of wounds to secure union by first intention, which took place on Monday, 8th inst. Although four days had elapsed, he had no answer. To show how deeply he was impressed by all that had been said, he began his remarks, which were extemporaneous instead of written as was expected, by saying that he had never admitted that abdominal surgery was the "touchstone of Listerism," and to the surprise and dismay of his followers went on to argue that, with the rapidity with which wounds of the peritoneum heal and the remarkable absorbing power of that membrane, and therefore its ability to take care of its exudates, "he doubted very much" whether, in the hands of a skillful, careful operator, it was not better to dispense with the antiseptic plan.

I realize how important are the statements I am making, and lest some of your readers may think that they are open to criticism as to accuracy, I will say that I sat near enough to hear every syllable uttered, and I pledge my honor as a man and surgeon for the absolute accuracy of every statement, though I took few notes.

Then, seeming to realize the danger of admitting such wonderful absorbent qualities to the peritoneum, he went on to say that he had recently made some experiments that surprised him very much, which proved that serum or bloody serum was "a very poor soil for the development of germs from contact with air-dust, and that blood clots were still more sterile. Indeed, it was very difficult to make them grow or develope at all, unless diluted with water." By the way, he declared he had witnessed free-cell developement in a blood clot. And these remarkable facts, said he, "at once call in question the necessity of the spray."

He then went on to say that he was not yet ready to give up the spray, but if simple irrigation or lavation should prove as good, he would say, "*Fort mit dem spray;*" and he further said, "I am not certain but I shall give it up. I am not at all sure but that before the next meeting, two years hence, I shall have abandoned the spray altogether." (His recent house-surgeon says that he has lost all confidence in its utility.)

As to carbolic acid, he said, "I am forced to admit its unfortunate character." That was all; not a word about oil of eucalyptus or any other substitute. He kept referring again and again to abdominal surgery, but his manner showed to every body that he was upset.

He gave no statistics, no large comparisons as was expected by his disciples. He referred to the excellent results in two cases of recent operation, saying that "I could hardly believe that I should have got such results without the antiseptic plan; I did not before I used it."

And this is the fault that the best surgeons here find with him. They are all ready and glad to give him or any other man credit for all he has really done, and they all admit that Mr. Lister has done much to improve surgery, especially German surgery. I need not explain. But they very properly say, "With his unprecedented opportunities, both in his own practice and in that of his host of followers, why don't he give us large and complete statistics? Instead, he only gives either isolated cases or a small group of successful ones, such as may be found under almost any plan." I quote one of London's most eminent and fair-minded men.

It was curious to watch the effect of the thing. I have alluded to the impression produced by Keith's remarks. As Lister was speaking, one of his ardent admirers—I mean an admirer of his mode of dressing; I am not discussing the man, who is an earnest, hard-working, accomplished gentleman—turned to me and said. "My God, I would never have believed Prof. Lister would have admitted that." Another said, "Well, if Lister abandons the spray and carbolic acid, giving us no substitute, where is 'Listerism?' We had drainage, we had animal ligatures, we had air-proof dressings, before." And so on. Every little group of surgeons was discussing the matter; those who had never accepted the Listerian method being quite as much surprised as its warmest adherents.

"Mein Gott!" said a German whom I did not know, "Lishtereism ish todt." "Fort mit dem Spray? Fort mit dem Acid Carbolique? Was gibts zu bleiben?"

And so the pendulum swings.

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STORAGE OF HEAT.—*Scientific American:* Among the many curious phenomena connected with crystallizable metallic salts, especially those of the alkaline bodies, one of the most interesting is the great influence exercised upon temperature during the solution of such crystals.

It is known that when, for example, a glassful of crushed sulphate of soda (Glauber's salts) is sprinkled with muriatic acid, it becomes liquid and its solution is accompanied by a degree of cold so intense as to cause any water place therein, in a second vessel, to freeze; and almost every schoolboy is aware that when common salt is allowed to become dissolved with a quantity of snow or crushed ice the temperature is reduced many degrees below the freezing point. Without going into the subject of the conservation or even the correlation of force, which under lies all actions of this nature, it may be stated that by reversing the experiments just cited *heat* is produced. Take a thin glass bottle, fill it nearly full of hot water, and dissolve in it sulphate of soda to saturation; then, while nearly boiling, cork it tightly and allow it to get quite cold. It will be seen that no crystallization takes place, although the water is supersaturated. Now remove the cork, and speedily the whole becomes a solid mass. What we desire here to be noted is that the act of solidification is accompanied by heat, a fact palpable to any one grasping the bottle.

The presence in water of solid bodies, no matter in how fine a state of division, does not alter its boiling point; but no sooner is a crystallizable salt dissolved in water than the boiling point is at once raised, and different salts raise it to different degrees. By direct experiment Professor Tomlinson ascertained that by making saturated solutions of the following salts the boiling point was raised from 212° Fah. to that degree placed opposite to each.

Acetate of soda	256	degrees.
Nitrate of soda	246	"
Nitrate of potash	238	"
Sal ammoniac	236	"
Common salt	224	"
Sulphate of magnesia	222	"
Alum	220	"
Chlorate of potash	218	"
Sulphate of copper	216	"
Sulphate of iron	216	"
Acetate of lead	215	"
Sulphate of soda	213	"

An examination of this table shows that there is one salt which far excels all others in its property of raising the boiling point, namely, acetate of soda.

Quite recently an invention of an interesting nature has been made in which this salt is the chief factor; an invention which, divested of scientific language, may be stated to consist of property of the the acetate to absorb heat when subjected to it for some time and then to give it out after-ward over a prolonged period—in effect to store up heat, which, owing to crystalline changes in the salt itself during the act of cooling, is continued to be evolved from the latent into an active form. That this is the case is indicated by the fact that the vessel containing the salt, after having been two hours removed from the source of heat, has its temperature raised about 6 degrees Fah. during the third hour by its own inner forces alone.

The physical principle upon which this curious invention is based is old and well known, although the application of the principle is novel. The form in which we have obtained a specimen "heater" consists of a somewhat large flask formed of thin sheet brass having its mouth soldered up, for it is never intended to be opened. There is also a metallic loop by which to suspend it in the vessel of boiling water from which it is to derive its store of heat. The length of time required for immersion in the hot water depends upon the size of the heater; for example, if it be so small as to be suitable for being carried in a lady's muff, by which to keep her hands warm, four or five minutes will suffice; but if, on the other hand, the dimensions be such as enact the part of a foot warmer, this time would have to be increased by six or eight times. There are some so large as to require immersion in boiling water for an hour before they are fully charged with all the heat they are capable of storing.

While the length of time over which heat is given out depends entirely upon the dimensions of the flask containing the acetate of soda, it may be roughly estimated as about four times as long as hot water will retain its heat. A foot warmer which upon removal from a vessel of hot water was found to register 153° Fah., at the end of eleven hours registered 111°. The most sudden fall took place during the first two hours, after which the temperature rose a few degrees, gradually subsiding afterward until it became quite cold. In the case just adduced the foot warmer fell from 153° to 126° in two hours; it then rose during the next hour to 131°, taking eight hours to fall from 131° to 111°, which it did with uniform regularity.

There are various purposes to which M. Ancelin, of France, the inventor of this new application of acetate of soda, intends to apply it. One or two have been hinted at in course of these remarks; others, such as keeping food or dishes warm at a distance from a fire, will suggest themselves.

DR. JOY'S ELECTRIC FEMALE MENSTRUE PAD.—A correspondent has favored us with a pamphlet issued by Wagner & Co., of Chicago, and addressed "To Women Only and Mothers Particularly," and descriptive of an "Electric Female Menstrue Pad," invented by that versatile genius, Prof. Douglas A. Joy, of the University of Michigan. The appearance of an advertisement of a *female* menstrue pad is but an act of simple justice to the ladies, who would have had just cause for complaint had they not been thus favored, seeing that the males were provided with a homologue in the shape of the Scrotal Device. This simple act of consideration for the rights of femininity exhibits a proper appreciation of both the wants and feelings of the weaker vessels. The pamphlet contains a reprint of the certificates of Prof. Joy's colleagues, already referred to in these columns, and in addition, a certificate from a Dr. John J. Caldwell, of Baltimore, who, we are informed, is "an eminent physician, a therapeutical writer of great celebrity, and as a successful practitioner in nervous diseases stands the peer of any in the world;" also one from Dr. J. C. Beck, "a celebrated physician of Cincinnati, than whom none in the country ranks higher; an ex-professor in the Cincinnati College of Medicine and Surgery, etc." "Eminent physicians of Chicago" also furnish testimonials to the incomparable value of these female menstrue pads. (Male menstrue pads are not yet in the market).

Our correspondent furnishes us with the following remarks anent this brilliant invention:

In studying the history of all great inventions, we observe one thing, and that is, for a long time previous to the "final consummation," the progressive minds of the age seem to be turned to this one channel of thought and work; the first outcome is usually a crude machine or instrument of no practical value, and yet it unerringly points toward the light, and the thoughtful man stands in silent expectation awaiting the final achievement, the glorious result. These culminations of thought mark eras in the history of the human race, as the different geological periods proclaim the earth's progress from chaos upward to order and beauty. We of the present age enjoy the distinction of living in such an era; for a long time it has been apparent to the thoughtful and observant that something was coming, the geniuses of the age have been in labor; the liver pads, kidney pads, and electric plasters in the market have shown the direction of this grand current of thought, and now it has culminated, a genius has grasped the crude ideas, with master-hand, he has separated the true from the false, and produced the grand achievement of the age, which is now proclaimed to a rejoicing world as "Dr. Joy's Electro Galvanic Device, with a Scrotal Attachment." This is an offspring of no mean origin. It first saw light "beneath the classic shades" of a "world-renowned University," and around the cradle stood as Godfathers grave and dignified professors.

The article in the last issue of the NEWS, upon the subject of the Devices, produced in your readers a mingled feeling of joy and disappointment; they rejoiced that so grand a device had been discovered to relieve the diseases and weaknesses of man; they regretted that these blessings were not extended to our suffering sisters To relieve this feeling of disappointment, we desire to say, that if any of our suffering sisters will address the manufacturers they will receive a pamphlet addressed "To females, married or single, and particularly to mothers." It is of this pamphlet we desire to speak. Here we learn of the grand device under another form—"The Electric Female Menstrue Pad"—which confers upon the female all the blessings which the other device (with attachment) bestows upon the male.

In a matter of so great interest, we feel justified in asking you to devote a little space to a few quotations from the pamphlet under consideration.

"Dr. Joy's Electric Female Menstrue Pad is devised especially for *all female weaknesses and trouble*, such as nervous debility, prolapsus uteri (or falling of the womb), leucorrhœa, chronic inflammation or ulceration of the womb, incidental hemorrhages or flooding, painful, suffused or irregular menstruation."

In prolapsus uteri "the muscles and ligaments are strengthened, and the womb restored to its proper place."

"Painful menstruation is also greatly relieved by the use of this wonderful pad."

"Pains in the back and spine can also be quickly removed, and the constitution built up by wearing the pad udon the back."

"*Irregular menstruation* will *in all cases* be made *regular*, and the female will enjoy *perfect health*."

And as if this was not enough, as if our "cup of happiness" was not already overflowing, the author adds, "Nor is this all. "This pad will cure many other diseases, * * will quickly relieve pains in the head, back, stomach or side; almost instantly relieve sick headache and neuralgia, promote digestion and cure dyspepsia; restore a torpid liver to its normal condition; sure cure for diseases of the kidneys." What more could we desire?

" This is the pad we long have sought,
And mourned because we found it not."

But there is one portion of this pamphlet which is slightly obscure, and we fear may convey an erroneous idea. It is this:

"There are times in which, under certain conditions of women, the electric pad should not be worn." We fear that the inference the public may draw from this statement is that the pad should not be worn when the patient is pregnant, as it might produce a miscarriage. This inference is incorrect, but nevertheless it is true that the pad should not be worn (in front) at such a time, for the continuous current would so stimulate the reproductive organs, that there would be great danger of *twins.*

As we are writing only for the profession, we feel at liberty to state that conception may be prevented by the use of the electric pad, if properly adjusted (*i. e.*, worn low enough) and securely fastened.

And now one word of caution to our professional brethren: Never prescribe the "device" (with "attachment") for a married man without ordering at the same time a "menstrue pad" for the wife; the stimulating action of the continuous current is so strong that both parties must wear the device if they wish to preserve the family equilibrium. This is a wonderful age. What next?

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OLIVE OIL IN THE TREATMENT OF GALL STONE.—Our readers may be able to recall the criticism in these columns of an article in the London *Lancet* by Dr. Kennedy, of Kingston, Canada, in which he claimed very remarkable curative properties for olive oil in biliary calculi. We indicated the fact that the substances which he claimed to be gall-stones were nothing of that nature, but were concretions from the oil which had been ingested in such quantity as to escape digestion. Certain correspondents and, indeed, medical journals, took exception to our criticism on the ground that we reasoned rather from theory than from the experience derived from actual test of the supposed remedy. Some of them even claimed that they had caused the expulsion of immense quantities of substances which analysis had shown to be gall-stones. We have no disposition to doubt the authenticity of their claims, or the correctness of their analyses, but will offset them with the following from the *Lancet:*

In the *Lancet* of September 18, 1880, and in the *Medical Record* of March 15, 1881, are reported cases of gall-stone treated by the administration of large doses of olive oil, with very remarkable and satisfactory results. It is stated that in both cases hundreds of gall-stones in various stages of disintegration were discharged from the bowel, and that the patients were permanently cured after one or two doses of olive oil, although repeated attacks of biliary colic had been present for 12 or 18 months before. The writer in the *Medical Record* considers it certain that in olive oil we have a substance which, when given in a dose of 6 or 8 ounces within an hour, has the power of bringing away the contents of the gall-bladder, and apparently without pain, and the calculi are almost disintegrated in the process.

A patient, a medical man between 60 and 70 years of age, has been subject to attacks of biliary colic at intervals for the last 6 or 7 years. The pain comes on suddenly, and is relieved by nothing so well as injections of morphia hypodermically. Of late these attacks have been more frequent, more prolonged, and more exhausting, especially as they are generally accompanied by considerable vomiting, and great disturbance of the heart's action, with prostration. On learning the effects of olive oil in the cases reported, he determined to put the matter to the test in his own case; he reasoned that it might do good, but could do no harm. Accordingly he procured a quantity of the finest salad oil, and took about six ounces within the space of one hour, sipping it slowly from time to time in small quantities, and stopping as soon as any feeling of nausea was present. The result on the following morning he describes as follows: "There was no action from the olive oil or the confection of senna taken very early this morning, but an enema brought down fæces of almost stony hardness, and hundreds of green masses of all shapes and sizes from canary-seed to a good-sized horsebean; some were imbedded in masses of hardened fæces, but floated as soon as separated; others were separate, and were found floating on the surface of the water. The color was pale green; some of them were translucent. All were soft and flattened on pressure. The six ounces of oil appear to have been digested, saponified, or emulsionized, for there was no appearance of oil floating in the water of the enema." Many of these masses were preserved for examination, but hundreds were thrown away. Three days afterwards they were submitted to me for examination. They were then soft and greasy to the touch, but still coated with a greenish-colored film, which disappeared on touching any spot with the finger. They had not become dry by exposure to the air, and warmth increased their tendency to liquefy, so much so that on being carried in a pill-box in the waistcoat-pocket they melted away, and left simply a greasy stain in the box and in the pocket. In consistence and texture they resembled very soft soap, and on being cut with a knife the section had a mottled appearance and the knife was greasy. No nucleus was found in any of the masses, and they were all of similar texture. The shape varied considerably; they were for the most part rounded and oval, but so easily molded that this varied with the treatment. They were found to dissolve readily in boiling alcohol, leaving only a small residue; they also broke up in boiling water, forming an opalescent solution, at once cleared by ether. The solution in alcohol gave little or no precipitation on cooling; no crystals of cholesterine were precipitated on cooling the hot solution in alcohol. The masses were not acted on by strong sulphuric acid or by iodine. The sediment in the cooled alcoholic solution consisted of a whitish powder insoluble in water, cold or hot, in nitric acid, or liquor potassæ. Drops of the ethereal solution evaporated on a slide left oil globules, not quite liquid oil, but opalescent and thickened to a semi-solid consistence; under the microscope these oil drops were seen to contain minute acicular crystals, like margarine.

My examination led me to the conclusion that these masses were not composed of cholesterine, and that the principal element in their composition was oil, possibly in a state of semi-saponification. In order to get an unbiased opinion as to their chemical nature, I submitted a few of the masses to Professor Ramsey, of University College, Bristol, for chemical examination. His report is as follows:

"They consist for the most part of olive oil, and it is impossible to separate from them any substance resembling cholesterine, for the separation of the two is a very difficult problem, the same solvents dissolving both. But under the microscope it is possible to see with a very high power that the consistency of the masses is due to the presence of a great number of very minute crystals, which appear to polarize light to some extent, and which somewhat resemble crystals of cholesterine. The fatty masses on burning give a trace of residue, and that trace shows the presence of a very minute quantity of phosphoric acid bv the most delicate test that can be applied, namely, ammonium molybdate. All that I can venture to state, therefore, is that the masses are not a soap, but chiefly olive oil full of small crystals, which may or may not be cholesterine. I should require a very much larger quantity than you have given me to decide the point chemically."

The results of Professor Ramsay's examination quite coincide with mine in these respects: (1) That the composition of these bodies is totally different from that of an ordinary gall-stone, and (2) that olive oil is the principal substance in their composition. It may, therefore, safely be inferred that they are *intestinal concretions resulting from the administration of the oil*, and that they have not been discharged from the gall-bladder by any mechanical or chemical action of the large dose of salad oil.

At the time of my writing the patient is laid up with another and more severe attack of biliary colic than he has ever had before. The bile-duct is completely obstructed, and the skin very deeply jaundiced. He followed up the first dose of oil with a second, but, in spite of this, continued to have pain in the region of the liver, which at last culminated in the present severe attack.

It must be inferred from the experience of this case that we are still unprovided with a remedy with the virtues which have been of late attributed to olive oil.

A more complete chemical examination was not possible, as the masses had undergone liquefaction and dispersion when a further quantity was inquired for.

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AUTOPSY ON THE LATE PRESIDENT.—The following official bulletin, containing the report of the autopsy on the late President, will be a great surprise to the profession, as it was indeed to the attending physicians themselves. It was the opinion of the surgeons during the life of the President, that the ball had lodged in the right iliac fossa. Dr. Hamilton but a few days before the death declared that "the ball lies under the psoas muscle in the right iliac fossa, where it can be distinctively felt as a hard substance. Pressure on the point is not painful."

The location of the ball as determined by the autopsy is a withering comment on that instrument of precision, the induction balance, which the eminent electrician, Prof. Bell, has given to medicine. The evidence of the senses are proverbially fallible, but science, it has been urged, is infallible, working as she does by immutable law, and when that scientific toy, the induction balance, corroborated the evidence of the senses the location of the bullet was unquestioned and unquestionable.

The autopsy will remove all suspicion, and all charges which have been freely made by certain secular papers, and a class of practitioners, that under other treatment recovery might have taken place. The wound was almost necessarily fatal:

LONG BRANCH, September 20.—By previous arrangement a post mortem examination of the body of President Garfield was made this afternoon in the presence and with the assistance of Drs. Hamilton, Agnew, Bliss, Barnes, Woodward, Reyburn, Andrew H. Smith of Elberon, and Acting Assistant Surgeon D. S. Lamb of the army medical museum, Washington. The operation was performed by Dr. Lamb. It was found that the ball, after fracturing the right eleventh rib, had passed through the spinal column in front of the spinal canal, fracturing the body of the first lumbar vertebra, driving a number of small fragments of bone into the adjacent soft parts and lodging just below the pancreas, about two inches and a half to the left of the spine and behind the peritoneum, where it had become completely encysted. The immediate cause of the death was secondary hemorrhage from one of the mesentric arteries adjoining the track of the ball, the blood rupturing the peritoneum and nearly a pint escaping into the abdominal cavity. This hemorrhage is believed to have been the cause of the severe pain in the lower part of the chest complained of just before death. An abscess cavity six inches by four in dimensions was found in the vicinity of the gall bladder, between the liver and the transverse colon, which were strongly inter-adherent. It did not involve the substance of the liver, and no communication was found between it and the wound along the suppurating channel, which extended from the external wound between the loin muscles and the right kidney, almost to the right groin. This channel, now known to be due to the borrowing of pus from the wound, was supposed during life to have been the track of the ball. On examination of the organs of the chest evidences of severe bronchitis were found on both sides, with broncho pneumonia of the lower portions of the right lung, and, though to a much less extent, of the left. The lungs contained no abscesses and the heart no clots. The liver was enlarged and fatty, but free from abscesses; nor were any found in any other organ except the left kidney, which contained near the surface a small abscess, about one-third of an inch in diameter.

In reviewing the history of the case in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured spongy tissue of the vertebra, furnish sufficient explanation of the septic condition which existed. D. W. Bliss, J. V. Barnes, J. J. Woodward, Robt. Reyburn, Frank H. Hamilton, D. Hayes Agnew, Andrew H. Smith, D. S. Lamb.

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THE COST OF FUNERALS.—The *Chicago Medical Journal* quotes Purdy on cremation as follows: Figures are strong facts. It cost Chicago $1,000,000 annually for funerals alone, and it cost Illinois, in 1880, $6,000,000 for the same purpose, which is nearly one-third the amount of internal revenue yielded by the state for the same period. It costs the United States over $100,000,000 annually for funerals, and the saving which would result from generally adopted cremation would amount to a sum sufficient to pay off our national debt in about 15 years; while our government has not been able, with the immense revenue yielded by this country, to reduce one-third of its debt in the same length of time. One and one-fourth times more money is spent annually on funerals in the United States than the government expends for public school purposes. Funerals cost two and a half times more money annually than would buy the grounds, buildings and apparatus of all the universities and colleges in this country. The amount of money expended on funerals in the United States, if saved for a fraction of four years, would be equal the total sum disbursed by our government for pensions during the last 20 years.

Funerals cost this country in 1880 enough money to pay the liabilities of all the commercial failures in the United States in the same year, and give each bankrupt a capital of $8,630 to begin business again. Funerals cost annually more money than the value of the combined gold and silver yield of the United States in the year 1880. The population of the Christian world, in round numbers, is about 400,000,000 of people, or a little less than one-third the entire population of the earth. At the average cost of burying the dead in the United States, the Christian world would spend annually for funerals $800,000,000 at a safe estimate. Let this annual expenditure of money be saved, with its accrued interest at six per cent., for little over 20 years, it would pay all the combined national debt of the world.

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ABERNETHY ON TABLE-HYGIENE.—*Medical Record:* There are still, we believe, some apostles of rapid eating among the doctors in this country. We commend to their attention the following interview (from "Sam Slick"), which is worth a hundred lectures: "The Honorable Alden Gobble was dyspeptic, so he goes to Abernethy for advice. 'What's the matter with you?' says the doctor. 'Why,' says Alden, 'I presume I have the dyspepsy.' 'Ah!' says he, 'I see—a Yankee, swallowed more dollars than you can digest.' 'I am an American citizen,' says Alden, with great dignity; 'I am secretary to our Legation at the Court of St. James.' 'The devil you are!' says Abernethy; 'then you'll soon get rid of your dyspepsy.' 'I don't see that inference,' said Alden. 'But I tell you it does follow,' says the doctor, 'for in the company you'll have to keep you'll have to eat like a Christian.' It was an everlasting pity Alden contradicted him, for he broke out like one moondistracted mad: 'I'll be d—d,' says he, 'if ever I saw a Yankee that didn't bolt his food whole like a boa constrictor. How the devil can you expect to digest food that you neither take the trouble to dissect nor time to masticate? It's no wonder you lose your teeth, for you never use them; nor your digestion, for you overload it; nor your saliva, for you expend it upon the carpets. You Yankees load your stomachs as a Devonshire man does his cart, as full as it can hold and as fast as he can pitch it in with a fork, and drive off. And then you complain that such a load is too heavy for you.' "

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AMERICAN MEDICAL ASSOCIATION.—Prize Essay.—The committee of selection appointed by the chairman of the section on Practical Medicine, Materia Medica and Physiology, at a recent meeting of the American Medical Association, have selected, and hereby announce, as the subject for the prize to be awarded in 1883, the following question:

What are the special modes of action, or therapeutic effects upon the human system, of water, quinia, and salicylic acid, when used as anti-pyretics in the treatment of disease? The essays must be founded on original, experimental and clinical observations, and must be presented to the chairman of the committee of *award* on or before the first day of January, 1883.

N. S. DAVIS,
H. D. HOLTON,
W. B. ULRICH,
Com. on Selection.

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CHARACTER INDICATED BY THE MOVEMENTS OF THE EYEBALLS IN THEIR ORBITS.—Dr. F. Warner (*Brain*, January, 1881), in a very able discussion of the visible muscular conditions as expressive of the brain and nerve centres, says: From direct observation it appears to me that intellectuality is represented by the movements of the eyeballs in their orbits. When an individual in looking at an object, moves the eyes by the action of the recti muscles so as to direct them towards it, the movement is more intellectual than when the head is turned so as to direct the eyes in the required direction. A bright, healthy, well-developed infant turns its eyes well in the orbits in looking about; not so a dull, wasted child. Again, intellectual people usually move the eyes in their orbits in looking at any object; the low and vulgar often move the head in the direction required. Here again is a question as to the meaning of which comparative anatomy might give some light.

The contents of the *North American Review* for October cannot fail to arrest the attention of all readers. Every one of the topics discussed is of the highest present interest, and nearly all of the authors are eminent American statesmen, publicists and litterateurs. Senator John T. Morgan, of Alabama, considers "Some Dangerous Questions," namely, certain emergencies arising in the administration of the United States government, for which adequate provision is not made in the Constitution or the laws. Among these questions, that of the succession to the Presidency in case of the inability of the elected incumbent, holds a conspicuous place, and it is treated by the writer with much learning and in the most judicial temper. Prof. Geo. P. Fisher, of Yale College, contributes a profound study of "The Elements of Puritanism." A stronger vindication of Puritanism perhaps never was written. Senator George F. Edmunds, of Vermont, defines the relations which exist between "The State and the Nation," replying to an article by the Hon. David Dudley Field that appeared in the May number. D. C. Gilman, President of Johns Hopkins University, writes of "The Idea of the University." A timely historical paper is that of Mr. Sydney Howard Gay, "Why Cornwallis was at Yorktown." Under the title, "Shall Two States Rule the Union?" the Hon. Thomas A. Hendricks discusses the perennial tariff question. M. Désiré Charnay, in the ninth of his valuable archæological papers, sets forth the grand results of his researches among the "Ruined Cities of Central America." Finally, Col. H. B. Carrington, in an article on "Washington as a Strategist," proves conclusively the title of Washington to be esteemed "first in war."

The *Medical Herald* very courteously informs us that Dr. John Goodman, whose resignation of the chair of Obstetrics in the Louisville Medical College we noted in our issue of the 25th ult., resigned simply to rid himself of onerous and unremunerative college work, that it is not his intention to take a chair in another college, and that its complimentary notice of him was not in any sense an advertisement of any school to which he might hereafter attach himself, but that it was a tribute to Dr. Goodman's true worth. We should be sorry indeed to have the reference which we made to this resignation interpreted as implying that Dr. Goodman did not merit the opinion expressed by our esteemed contemporary. There are few of our medical schools to which he would not prove a valuable acquisition, and we are sorry to learn that he has permanently withdrawn from teaching.

The amenities of medical journalism are peculiar. For instance, the Chicago *Medical Review* sees in the fact that the Cincinnati *Lancet and Clinic* copies articles from its pages without giving them the proper credit, symptoms of what it terms "journalistic senile dementia." The Louisville *Medical News* makes the fight three-cornered by the following sally: "That the editor of any other journal should reprint an editorial of the *Review's* under any circumstances, even though its origin were duly indicated, might be taken as symptomatic of mental aberration (and we admit that we have occasionally given evidence of this state, as the files of the *News* [Louisville] too sadly show); but that he should fail to credit the source, thus leading his readers to accept the article as his own, is clearly pathognomonic of serious cerebral disease."

This is how Dr. Beard, the New York neurologist, is being treated: "Dr. Beard tells us that one of the pleasantest memories of his course at medical college is the fact that he did not attend one lecture in twelve. Perhaps it would have been better not to have attended any."—*Detroit Lancet.* "In view of the reception which Dr. Beard met with in his hypnotic experiments at the International Medical Congress, perhaps it would have been better if he had never practiced medicine."—*Cincinnati Lancet and Clinic.* If such is the treatment he is to receive, perhaps it would have been better if he had never been born.

The *American Medical Bi-weekly* explains that it meant "koino-malaria" when it called the stuff developed in the Potomac flats "koino-mataria." The correction reveals the fact that its editor delves in the musty lore of the dead past. Better come down to the present, brother Gaillard, and leaves those old terms to enjoy their everlasting rest. They are now practically dead, and while dragging them forth displays much erudition, it exposes the dragger to the suspicion of pedantry, without any compensation in the way of lucidness to the reader of these latter days.

Dr. John A. Octerlony has been the genius of the editorial sanctum of the *Medical Herald* during Dr. Reynolds' absence in Europe, whither he went to spend his honey-moon. Our brother Reynolds made a number of high resolves when he took to himself his helpmate, and some of them had a direct reference to the *Herald*. He will be back from his tour in another month, and we can only hope that he may prevail on Dr. Octerlony not to completely retire from the tripod which his occupancy has so graced during the past two months.

The *Ohio Medical Journal* gives the following story as told by a Dayton, Ohio, doctor who is perhaps a reader of the MICHIGAN MEDICAL NEWS from which he probably took his cue: The doctor was recently attending a case of labor in the family of one of his patrons, who, though a very excellent man, is a little slow in the payment of his medical bills. Immediately after the birth of the babe the father nervously asked, "Doctor is the baby marked?" "Yes," quietly replied the doctor, "it is marked C. O. D." The hint was taken and the bill for that baby was promptly settled.

There are upward of 100,000 lunatics in France, or one to every 350 of the population. In this country the proportion is about one to every five hundred.

Prof. William Warren Greene, of Portland, Maine, who was a delegate to the International Medical Congress, died on his way home, and was buried at sea. Dr. Greene was well and favorably known as a surgeon, teacher and writer, and his sad death will shock the many practitioners of this country, who as students enjoyed the privilege of listening to his lectures. Those of our readers who attended the University of Michigan in 1867–8 will recall his earnestness and eloquence and geniality, and will drop an honest tear for his memory. Poor Greene!

Despise not the day of feeble things. The *Arkansaw Doctor* has just issued its third number, and those who were disposed to criticize it on its first appearance will, if they are just, have something more kindly to say of it now. As an illustration of its good judgment we cite the fact that the number before us contains three excerpta from the NEWS, and not only this, but it gives due credit to their source, thus setting an example which some more pretentious contemporaries would do to emulate.

The Atlanta *Medical Register* is the new name under which the Atlanta *Medical and Surgical Journal* for October reaches us. It also flies new names on its flag, Dr. Westmoreland having given way for Drs. Jno. Thad. Johnson and James B. Baird. The journal will be no less welcome under its new name and management than under the old, and we especially wish the new editors success and pleasure in their new work.

When a pert young woman met Sydney Smith in the Downs at Brighton, she exclaimed, "I have come out to get a *little sun and air.*" "But madam," replied the wit, "how is this; I do not see your husband?"

In Russia they use the thermometer of Leslie, an Englishman; in Germany that of Reaumur, a Frenchman; in France that of Celsius, a Swede; and in England that of Fahrenheit, a German.

The melancholy days are near, the saddest of the year, and the crop of hay fever is about to be harvested. Like grapes, it requires a white frost to ripen it.

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Book Notices.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL. In Treatises by various Authors. Edited by T. Holmes, M. A., Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital, Member Corresp. de la Société de Chirurgie de Paris. First American from second English Edition, thoroughly revised and much enlarged. By John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia. Assisted by a large corps of most eminent American Surgeons. In three volumes, with many illustrations.
Philadelphia: Henry C. Lea's Son & Co.

The book before us is the first volume of the three into which the publishers have been able, by the selection of smaller type and setting it in double column, to compress the original five volumes of this great work on surgery. Holmes' Surgery has long been regarded as occupying the leading place in surgical literature. Its plan of a number of writers occupying positions which make them authorities on the subject on which they have written has made it a more valuable work than had it been written by a single individual. It is really a combination of articles by specialists, each of whom has won for himself a position of eminence in the particular field which he discusses.

The object of the present edition has been both to Americanize the work and to bring it abreast of the science and art of surgery as these have been developed during the past ten years, or since the last English edition was given from the press. To this end a number of distinguished American surgeons have been selected to edit the various articles and to make the additions rendered necessary by the advances of the last decade. The text of the last English edition has been reproduced, and the additions by the American editors are enclosed in brackets. This has been done except in two instances, that of the article on Diseases of the Skin and that of Affections of the Absorbent System. It was found that the changes in the original articles on these subject made necessary by recent advances, could not be successfully made by any process of editing, and they have been entirely re-written.

Volume I is devoted to General Pathology, Morbid Processes, Injuries in General, Complications of Injuries, and Injuries of Regions. Among the English contributors are John Simon, J. Burdon Sanderson, John Croft, W. S. Savory, Henry Lee, Sir James Paget, Timothy Holmes, and George W. Callender, names familiar to the profession everywhere, and a sufficient guarantee of the quality of the work. Among the American revisers are John B. Roberts, Jas. Nevins Hyde, Samuel Ashhurst, John H. Packard, J. S. Jewell, Roberts Bartholow, and John T. Hodgen, regarding whom the profession of this country stand in need of no information.

The volume is illustrated by 245 wood cuts and nine chromo-lithographic plates containing twenty-two figures. Regarding the plates, particularly, it is only necessary to remark that they are beautiful demonstrations of the possibilities of art, those illustrating syphilitic sores being peculiarly life-like.

It would, of course, be impossible within the limits of our space to attempt a review of this great work, and we can only close this brief outline of its general character by endorsing it warmly and recommending it cordially to the consideration of our readers. To those who are familiar with Reynold's System of Medicine, by the same publisher, it will only be necessary to say that this edition of Holmes' is a companion set, the size and arrangement of the type corresponding.

The book is royal-octavo and the first volume contains over 1000 pages. The work is sold only on subscription.

CLINICAL LECTURES ON THE DISEASES OF OLD AGE. By J. M. Charcot, M. D., Professor in the Faculty of Medicine of Paris; Physician to the Salpêtrière, etc. Translated by Leigh H. Hunt, B. Sc., M. D., Laboratory Instructor in Pathology in the Medical Department of the University of New York. With additional Lectures by Alfred L. Loomis, M. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York, etc.

Coulson on the Diseases of the Bladder and Prostate Gland. Sixth edition. Revised by Walter J. Coulson, F. R. C. S., Surgeon to St. Peter's Hospital for Stone, etc., and Surgeon to the Lock Hospital.

General Medical Chemistry. For the Use of Practitioners in Medicine. By R. D. Witthaus, A. M., M. D., Professor of Chemistry and Toxicology in the Medical Department of the University of Vermont. Professor of Physiological Chemistry in the Medical Department of the University of the City of New York.

The preceding three volumes are the June, July, and August volumes, respectively, of Wood's Library of Standard Medical Authors for 1881.

The diseases peculiar to old age is a field of medicine which has been comparatively neglected, the general belief of the profession, implied if not expressed, being that age brings no peculiar susceptibility to disease. A brochure on this subject by the late Lunsford P. Yandell, being, we believe, but the beginning of a more systematic work which his death interrupted, was read with much interest. This, as far as we are aware, was the only attempt at a work on this subject by an American author, at least. Charcoit's work is a very full consideration of the subject, and peculiarly commends itself for that fullness and attention to the minutiæ of etiology and pathology which characterizes this distinguished author. The diseases which are enumerated as those to which the age are peculiarly liable are nodular rheumatism, gout, articular rheumatism and accompanying visceral affections, senile pneumonia, senile chronic catarrh of the bronchi, asthma, atheroma, fatty heart, cerebral hæmorrhage, chronic gastric catarrh, senile constipation and hypertrophy of the prostate. The latter affections, beginning with senile pneumonia are written up by Dr. Loomis, and constitute the better and more practical part of the book, to physicians of this country at least. In no meaningless sense of the expression no physician's library is complete without this work.

The edition of Coulson on Diseases of the Bladder and Prostate is the sixth, and the interval between it and the fifth is twenty-three years. So long has this interval been that so many changes took place in the method of treatment particnlarly as to render it necessary for the author to almost entirely rewrite the book, which is now practically a new one, and for the first time before the profession. Bigelow's operation for lithotripsy is one of the grand improvements in modern surgery, and its consideration occupies a prominent place in the treatise. Dr. Coulson, although considering the operation as yet under trial, speaks of it in terms of great praise. The consideration of chronic enlargement of the prostate is full, and the chapter devoted to it alone makes the book invaluable.

Dr. Witthaus' rank as a teacher of the subject which is the theme of his book entitles him to speak with authority. The importance of a knowledge of medical chemistry in scientific practice is undisputed, and inasmuch as this book is written with the wants of the general practitioner in view, it commends itself to all who cherish the laudable ambition to reduce practice to a scientific basis. We cannot, hewever, refrain from recording the belief that the author has misapprehended the feeling of the profession of this country on the subject of weights and measures. He has adopted the metric system and gives temperature in the terms of the centigrade; we believe that in so doing he has in so far detracted from the popularity which his book deserves. The American profession is not yet prepared for this innovation, although they might be brought to tolerate it if it did but give the equivalent (in parentheses), in the old system.

The Applied Anatomy of the Nervous System, being a study of this portion of the Human body from a standpoint of its General interest and Practical utility. Designed for use as a Text-book and a work of reference. By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy and late Lecturer on the Diseases of the Genito-Urinary Organs and on Minor Surgery in the Medical Department of the University of the City of New York. etc. With numerous illustrations.
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

The activity in the literature of diseases of the nervous system during the past few years indicates an increased attention on the part of the general profession to this more obscure and difficult but not less important division of medicine. The general practitioner who attended lectures in days when less attention was paid to nervous affections than now has doubtless experienced considerable difficulty in reading the more recent articles on these subjects. The work before us is eminently calculated to be an aid to all such. It makes no special effort at instruction in treatment, but is valuable as an aid to treatment through the aid to diagnosis which it gives, through its discussion of their physiology and symptomatology in connection with the anatomy of the anatomy of the different parts. The work shows great care in its preparation, and, being written in colloquial style it combines to an unusual degree readableness with definiteness. We predict for it a ready sale among the more progressive practitioners.

The mechanical execution of the book leaves nothing to be desired. The cuts are of a superior order, and the quality of the paper has permitted of excellent impressions. The letter press too is simply elegant. The book is an octavo and contains 500 pages.

Indigestion, Biliousness, and Gout in its Protean Aspects. Part I. Indigestion and Biliousness. By J. Milner Fothergill, M. D., M. R. C. P., London, Senior Assistant Physician to the City of London Hospital for Diseases of the Chest, (Victoria Park), etc.
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

The author has chosen for his motto the old adage "What is one man's meat is another man's poison," and the book is devoted to a consideration of the symptoms of this poisoning, the changes incident to it, and the treatment of the results. The subject is by no means a new one or one which has escaped attention, but Dr. Fothergill's treatment of it is eminently practical and readable, this being a characteristic of all his writings. Normal digestion and nutrition are first considered as a basis for the discussion of indigestion, and in like manner are the normal functions of the liver considered as a basis for the discussion of "biliousness." The author makes no apology for the use of this term, but employs it in its popular acceptation, and in this he perhaps does well. It is true the term is somewhat indefinite from a professional standpoint, but there is a very general understanding of the condition which it implies, among the laity, and it might be just as well were physicians to employ it in the same sense and cease apologizing for its use by enclosing the word in quotation marks. Disturbances of the hepatic function are the *fons et origo* of a vast amount of both mental and bodily anguish, and yet these disturbances have received comparatively little consideration by medical writers. Dr. Fothergill's book is an effort to supply the hiatus in this direction, and the effort is to a considerable degree successful.

Original Articles.

Chronic Gastritis.

A CLINICAL LECTURE BY PROF. FRANCIS DELAFIELD, M. D., NEW YORK.

This woman is a German, and gives a history of five years of persistent vomiting, or rather, she modifies this statement and says that up to a couple of months ago the vomiting was only occasional, but that within the past 60 days she has vomited every day, and upon some of the days she has vomited all day. One day in particular she remembers, upon which she vomited steadily from 7 o'clock in the morning until 10 o'clock at night. She was not, of course, actually vomiting all this time, but merely going through the movements of vomiting. She says that vomiting is always excited by the presence of food in the stomach, so that she has at times been utterly unable to eat anything, or, at least, unable to retain it. In spite of all this famishing experience, however, the patient is still quite well nourished in appearance. She has considerable pain over the abdomen, and this pain is worse at some times than at others, particularly is it worse when she is in the act of vomiting. Her heart's action is perfectly regular, and her tongue quite clean. She looks better nourished than the majority of women. These cases of vomiting in women are, somehow or other, never so straightforward as in men. If a man should come to you for treatment with such a history as this woman brings you, you do not find him in anything like as well nourished a condition as this woman displays. His actual condition would correspond much more closely with his history than is the case in this instance. This woman tells me that she has been fatter, and that she has lost a good deal of flesh, but it is hardly possible to conceive that she has been two months without retaining any food to speak of, and yet present as well-fed an appearance as she does. This is always the difficulty in these cases, for women very frequently come to the physician with just such a story as this patient brings, and he finds the woman in good color and apparently well nourished. In such cases it is very hard to go against manifest appearance and believe the story told, hard to be obliged to allow that a woman can go without food for a long time and yet show none of the usual evidences of the lack of it, acknowledge the manifest difficulty in diagnosis and direct your attention at once to the treatment. Such cases rarely happen in men. There are three possible explanations of the conditions present here, allowing, of course, that the history given is a true one: (1) The evidence of a chronic gastric catarrh; (2) an ulcer of the stomach, and (3) that the vomiting is due to no lesion of the stomach whatever, since none exists, but is dependent upon causes of which we can have no accurate knowledge, such as uterine displacements or disorders, and insidious, spinal irritability. I am inclined to believe that this case is one of chronic gastric catarrh, which assured a low grade at first, but which has latterly been more acute, and the vomiting, therefore, more frequent. The woman's bowels are regular. This is unusual—ought not to be. In such cases the bowels are not commonly moved more than once in many days. She is very much troubled with flatulence. Since she has been sitting here, you have, no doubt, noticed how the wind regurgitates from her mouth. This latter symptom is more usually found attending cases of vomiting where there is no lesion, although it is sometimes associated with simple chronic gastritis. My final belief then is that this is a case of chronic gastritis attended with vomiting, pain, and a certain amount of flatulence. The patient says that even milk will not lie quietly upon her stomach. There is no substantial reason why she should not be put upon carefully regulated milk diet. With regard to the treatment, therefore, I think that the woman should be at once put to bed, and that her diet at first should consist solely of milk. This milk should be given in small quantities, and quite frequently at first. She should take a spoonful every half hour out of a tumblerful of milk containing five drachms of the lime water. These table spoonful doses should be kept up regularly through the day, and be given at night when she is awake. Than this she must have no other food for a week at least. At the end of that time I would begin to add a little meat in the shape of beef or mutton cut very fine. This meat should be given only at the middle of the day. If the addition of the meat does not produce vomiting, you may go on with it, and at the same time administer the milk more freely. If she cannot stand the meat, you must return, of course, to the milk, and so you must go on until the time comes when by degrees her stomach can be brought into such a condition as to bear the ordinary diet. I think that this is by far the best way of managing these obstinate cases. As I told you before, it is possible that this woman's story may have but a very few grains of truth in it, indeed, I am always in such cases, in such a state of mind that I do not know whether or not to believe such stories. Where this is so I try to treat both possibilities at one and the same time.

Inflammation of the Spleen.—This man has been sick for some time past with malarial fever. Six weeks ago he began to complain of severe pain in his left side. Two weeks after the fever set in he went into a hospital and remained there for three weeks. When he left the hospital the fever was very much better, but the pain in his still remained. He has still a little fever at night, and is still a little troubled with colliquative sweats. It is very easy to settle upon the original cause of the fever, for the man lived at Manhattan, which is, as you know, a very miasmatic neighborood. The patient's appetite is now quite good, and his bowels tolerably regular.

You have just heard the history. To make it more succinct, let me summarize it for you: The man has been sick for two months with fever; two weeks after the fever set in he went into a hospital, where he remained three weeks. Just about the time that he went into the hospital he began to suffer from pain in the left side. When he left the hospital his general health was much improved, but the pain in his side still remained, together with some slight fever and sweating at night. These facts would lead us at once to suspect that the man has been suffering from that species of malarial poisoning known as remittent fever. The pain is undoubtedly due to enlargement of the spleen, a condition which almost always attends or follows remittent or continuous fever. That I may examine the patient thoroughly I tell him to strip off his clothes down to his waist, and lie down here on his back. As he lies here you will all notice at once that the left side of the chest and abdomen is fuller than the right. The left side is painful, too, at certain spots, and as I place my hand over the site of the swelling, I come upon the edge of a hard body which can be very distinctly felt below the ribs. By careful percussion I am able to make out the limit of this hard mass very accurately in the front. To follow it round behind I am obliged to ask the man to stand up. The area included within these crayon lines corresponds exactly in shape and locality with the area covered by an enlarged spleen, so that the suspicion aroused in my mind before I examined the case physically is probably the correct one.

But the appearances of this case are not those of simple enlargement of the spleen consequent upon malarial poisoning. In such cases it is not customary for the spleen to bulge out the lower part of the thoracic cavity. As a general thing in this disease the enlarging spleen finds plenty of room for itself by sinking down into the abdomen, and so exerts no upward pressure whatsoever upon the ribs. Another point of distinction between this cause and the ordinary splenic enlargement followng malarial infection, is shadowed forth in the color and texture of the skin over the spleen. The skin is thick and brawny, and more adherent to the ribs than is natural. I cannot, on this account, succeed in identifying at all the intercostal spaces throughout this indurated portion of the integument. The skin looks like a surface which had gone through an extended period of blistering, and yet, when I come to question the patient I find that the only counter-irritant applied has been iodine, and this substance can in no instance give rise to such deep-seated induration. Indeed, further examination convinces me that this change in the texture of the epidermis extends into the peritoneum, which is itself thickened. The tumefied mass is dull upon percussion, and in addition to this, as I have already told you, there is pretty well marked tenderness over its site.

The questions which now arise are: (1) What is the nature of the tumor, and (2) to what does the inflammatory condition of the skin point? The answer to the first part has already been given, but how is it with regard to the second? Abscess of the spleen is such an exceedingly uncommon condition that we can with propriety put it entirely out of the question. If the skin over the liver were indurated as much as is the case here, I should say at once that it was a case of hepatic abscess, but splenic abscess is very rare. There is, however, a condition of the spleen which does not occur quite often, and that is inflammation of its capsule. As a usual thing this capsular inflammation only produces thickening. In more acute cases, however, it goes on to the formation of pus. This is quite possibly the true condition of affairs here. I should then proceed to pronounce the case to be one of malarial enlargement of the spleen, followed by inflammation of its capsule and the final formation of pus upon the external surface of the spleen, and between it and the abdominal and thoracic walls. The formation of pus thus virtually makes the case one partaking of the nature of an abscess, inasmuch as the inflammatory and induratory processes which always attack the tissues in the neighborhood of an abscess have made themselves apparent here in the walls of the thorax abdomen, and in the skin covering the area of dulness. This thickening process explains very satisfactorily the impossibility which I experienced in mapping out the intercostal spaces. The abscess, understand me, is over the site of the enlarged spleen, and between it and the walls of the thoracic and abdominal cavities. This abscess is very thin, and cannot possibly contain much pus. The prognosis in this case is very good. The improvement which has thus far taken place has been steady, and will no doubt so continue. The pus will probably either open its way out through the thoracic wall between two ribs, or, and this is the much more probable of the two suppositions, will dry down and become metamorphosed into a thin layer of dry cheesy matter. The treatment shall in future consist in the administration of quinia and arsenic. The quinia must be persevered in until all the phenomena of fever have disappeared. Arsenic is one of the best alteratives known. As regards counter-irritation, we will entirely dispense with it for the present.

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Selections.

OUR MEDICAL LITERATURE.—We make the fol- excerpts from Dr. Billings' memorable address on this subject, before the International Medical Congress:

It is usual to estimate that about one-thirtieth part of the whole mass of the world's literature belongs to medicine and its allied sciences. This corresponds very well to the results obtained from an examination of bibliographies and catalogues of the principal medical libraries. It appears from this that our medical literature now forms a little over 120,000 volumes properly so-called, and about twice that number of pamphlets, and that this accumulation is now increasing at the rate of about 1,500 volumes and 2,500 pamphlets yearly.

There are at the present time scattered over the earth about 180,000 medical men, who, by a liberal construction of the phrase, may be said to be educated—that is, who have some kind of a diploma, and for whose edification this current medical literature is produced. Of this number about 11,600 are producers of, or contributors to, this literature, being divided as follows: United States, 2,800; France and her colonies, 2,600; the German Empire and Austro-Hungary, 2,300; Great Britain and her colonies, 2,000; Italy, 600; Spain, 300; all others, 1,000. These figures should be considered in connection with the number of physicians in each country; but this I can only give approximately, as follows: United States, 65,000; Great Britain and her colonies, 35,000; Germany and Austro-Hungary, 32,000; France and her colonies, 26,000; Italy, 10,000; Spain, 5,000; all others, 17,000.

It will be seen from these figures that the number of physicians who are writers is proportionately greatest in France and least in the United States. As regards France, this is largely due to the requirement of a printed thesis for graduation, which of itself adds between six and seven hundred annually to the number of writers.

Excluding popular medicine, pathies, pharmacy, and dentistry, all of which were included in the figures for the annual product just given, we find that the contributions to medicine, properly so called, form a little over 1,000 volumes and 1,600 pamphlets yearly.

The special charateristics of the literature of the present day are largely due to journals and transactions, and this is particularly true in medicine. Our periodicals contain the most recent observations, the most original matter, and are the truest représentations of the living thought of the day, and of the tastes and wants of the great mass of the medical profession, and a large part of whom, in fact, read very little else. They form about one half of the current medical literature, and in the year 1879 amounted to 655 volumes, of which the United States produced 156, Germany 129, France 122, Great Britain 54, Italy 65, and Spain 24. This is exclusive of journals of pharmacy, dentistry, etc., and of journals devoted to medical sects and isms.

Many of the medical journals are very short lived, but the total number is increasing. In 1879, 23 such journals ceased, but 60 new ones appeared, and in 1880 there were 24 deaths and 78 births in this department of literature. Over one-third of this fluctuation occurs in the United States alone, France being next in the scale, Spain third, and Italy fourth, while Great Britain is the most stable of all.

I have said that as regards scientific medicine, we are at present going to school to Germany. This, however, is not the case with regard to therapeutics, either external or internal—in regard to which I presume that the physicians of each nation are satisfied as to their own pre-eminence. At all events it is true that for the treatment of the common diseases, a physician can obtain his most valuable instruction in his own conntry, among those whom he is to treat. Just as each individual is in some repects peculiar and unique, so that even the arrangement of the minute ridges and furrows at the end of his forefinger differs from that of all other forefingers, and is sufficient to identify him; and as the members of certain families require special care to guard against hæmorrhage, or insanity, or phthisis; so it is with nations and races. The experienced military surgeon knows this well, and in the United States, which is now the great mixing ground, illustrations of race peculiarities are familiar to every practitioner.

From several sources of high authority there have come of late years warnings and laments that science is becoming too utilitarian. For example, Prof. Du Bois-Reymond in his address upon civilization and science, says that that side of science which is connected with the useful arts is steadily becoming more prominent, each generation being more and more bent on material interests. "Amid the unrest which possesses the civilized world, men's minds live, as it were, from hand to mouth. . . . And if industry receives its impulse from science, it also has a tendency to destroy science. In short, idealism is succumbing in the struggle with realism, snd the kingdom of material interests is coming." Having laid down this rather pessimistic platform, he goes on to state that this is especially the case in America, which is the principal home of utilitarianism, and that it has become the custom to characterize as "Americanization" the dreaded permeation of European civilization by realism. If this characterization is correct, it would seem that Europe is pretty thoroughly Americanized as regards attention to material interests and appreciation of practical results. But the truth of the picture seems to me doubtful. Science is becoming popular, even fashionable, and some of its would-be votaries rival the devotees of modern æstheticism in their dislike and fear of the sunlight of comprehensibility and common sense. The languid scientific swell who thinks it bad style to be practical, who takes no interest in anything but pure science, and makes it a point to refrain from any investigations which might lead to useful results, lest he might be confounded with mere "practical men" or inventors, exists and has its admirers. We have such in medicine, and their number will increase.

While it is true that to the graduate of thirty years ago much of the physiological literature of the present day is an unknown tongue, it is also true that the physiologist of the present, who confines himself to laboratory work, will find himself distanced by the man who keeps his clinical and pathological studies and his experimental work well abreast.

There must be specialties and specialists in medicine, and the results will be both good and evil; but the evils fall largely upon those specialists who have an insufficient general education, who attempt to construct the pyramid of their knowledge with the small end as a foundation. It has been said by Dr. Hodgen that "in medicine a specialist should be a skilled physician, and something more: but that he is often something else—and something less." There is truth in this; truth which the young man will do well to consider with care before he begins to specialize his studies; but, on the other hand, it is also true that the great majority of men must limit their field of work very much and very clearly if they hope to achieve success. The tool must have an edge if it is to cut. It is by the labor of specialists that many of the new channels for thought and research have been opened, and if the flood has sometimes seemed to spread too far, and to lose itself in shallow and sandy places, it has nevertheless tended to fertilize them in the end.

The specialists are not only making the principal advances in science, but they are furnishing both strong incentives and valuable assistance towards the collection and preservation or medical literature and the formation of large public libraries.

Whatever may be the chosen line of the book collector, he is the special helper of the public library, and this whether he intend it or not. In most cases his treasures pass through the auction room, and sooner or later the librarian, who can afford to wait, will secure them from further travel. Thanks to the labors of such collectors, I think it is safe to say—what certainly would not have been true twenty years ago—that if the entire medical literature of the world, with the exception of that which is collected in the United States, were to be now destroyed, nearly all of it that is valuable could be reproduced without difficulty.

The analogies between the mental and physical development of an individual, and of a nation or society, have been often set forth and commented on, but there is one point where the analogy fails as regards the products of mental activity—and that is, that as yet we have devised no process for getting rid of the exuviæ. Growth and development in the physical world imply the changes of death as well as of life—that with the increase of the living tissues there shall also be the excretion and destruction of dead, outgrown, and useless matters which have had their day and served their purpose. But *litera scripta manent.* There is a vast amount of this effete and worthless material in the literature of medicine, and it is increasing rapidly. Our literature is, in fact, something like the inheritance of the golden dust-man, but with this important difference, viz., that when the children raked a few shells or bits of bone from the dust-man's heap, and, after stringing them together and playing with them a little while, threw them back, they did not thereby add to the bulk of the pile; whereas our preparers of compilations and compendiums, big and little, acknowledged or not, are continually increasing the collection, and for the most part with material which has been characterized as "superlatively middling, the quintessential extract of mediocrity." A large medical library is in itself discouraging to many inquirers, and I have become quite familiar with the peculiar expression of mingled surprise, awe, and despair which is apt to steal over the face of one not accustomed to such work when he first finds himself fairly in the presence of the mass of material which he wishes to examine for the purpose completing his ideal bibliography of—let us say epilepsy, or excisions, or the functions of the liver.

Let such inquirers, as well as those who regret that they have no access to such large libraries, and must therefore rely on the common text-books and current periodicals for bibliography, console themselves with the reflection that much the larger part of all our literature which has any practical value belongs to the present century, and, indeed, will be found in the publications of the last twenty years.

Let us consider each of these points briefly. Very, very few are the men who can by and for themselves see and describe the things that are before them. Just as it took thousands of years to produce a man who could see what now anyone can see when shown him, that the star Alpha in Capricorn is really two separate stars, so we had to wait long before the man came who could see the difference between measles and scarlatina, and still longer for the one who could distinguish between typhus and typhoid. Said Plato, "He shall be as a god to me who can rightly divide and define." Men who have this faculty—the "Blick" of the Germans—we cannot produce directly by any system of education; they come, we know not when or why, "forming a small band, a mere understanding of whose thoughts and works is a test of our highest powers. A single English dramatist and a single English mathematician have probably equalled in scope and excellence of original work in their several fields all the like labors of their countrymen put together."

The word-pictures of disease traced by Hippocrates and Sydenham, or even those of Graves and Trousseau, interesting and valuable as they are, are not comparable with the records upon which the skilled clinical teacher of the present day relies. Yet how imperfect in many cases are even the best of these records as compared with what might be given with the resources which we have at our command. The temperature chart has done away with the errors which necessarily follow attempts to compare with the memory of sensations perceived last week with the sensations of to-day,—and the balance and the burette enable us to estimate with some approach to precision the tissue changes of our patients by the records of change in the excretions which they furnish; but we must still trust to our memory, or to the imperfect descriptions of what others remember, when we attempt to compare the results obtained on successive days by auscultation or percussion, although the phonograph and microphone strongly hint to us the possibility of either accurately reproducing the sound of yesterday, or of translating them into visible signs, perhaps something like the dot and dash record of the telegraph code, which could then be given to the press, and so compared with each other by readers at the antipodes.

But little over a hundred years ago, Haller, in Göttingen, was professor of anatomy, botany, physiology, surgery, and obstetrics, and lecturer on medical jurisprudence. At the same time he was writing one review a week, and summing up existing medical science in his "Bibliotheca." To-day any one of these branches requires all the time of the most energetic and learned of our contemporaries, but, on the other hand, the well-educated medical graduate of to-day could give Haller valuable instruction in each of the branches of which he was professor. It is also true, as I have pointed out, that our actual progress is by no means in proportion to the work done, nor as great as these merely quantitative statements would seem to make it.

Science has been termed "the topography of ignorance." From a few elevated points we triangulate vast spaces, enclosing infinite unknown details. We cast the lead and draw up a little sand from abysses we shall never reach with our dredges.

In days of old, when the profession of medicine, or of a single medical specialty, was an inheritance in certain families, a large part of their knowledge and the efficiency of their remedies was thought to depend upon these being kept a profound mystery. Among the precepts of magic there was no more significant one than that which declared that the communication of the formula destroyed its power, and that hence attempts to reveal the secret must always fail.

We have changed all that. Every physician hastens to publish his discoveries and special knowledge, and a good many do the same by that which is not special, or which is not knowledge. For the individual, in a degree—for the nation or the race in a much greater degree—the literature produced is the most enduring memorial.

Induction of Premature Labor.—The method of induction adopted by Dr. John Dougal, Lecturer in the Glasgow School of Medicine, is thus described by him in the Glasgow *Medical Journal*, July 1881:

When the patient had completed what we thought about seven and a half months of pregnancy, I began the induction of labor by moving the bowels freely with castor oil. The head was presenting. With patient lying on her left side, a No. 6 elastic catheter, smeared with carbolized oil, and containing its wire, was gently pushed through the os, between the uterine wall and the amniotic sac, towards the patient's umbilicus, until it was obstructed. The wire was then withdrawn, and the remaining projecting part of the catheter coiled up in the vagina, and a piece of oiled lint placed in the latter to keep the catheter from shifting. The point of the catheter was directed toward the umbilicus to avoid the seat of the placental souffle, heard externally by the stethoscope. The catheter extended about six inches into the uterus. Patient, of course, kept her bed. In about twelve hours pains began, and the lint and catheter were withdrawn. After this the pains continued sharp, short, and frequent, and in ten hours a small living male was born, without artificial assistance whatever, the labor after the withdrawal of the catheter having been natural in every respect. The child only lived six hours. Patient recovered without a bad symptom.—*Med. and Surg. Reporter.*

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Acetic Acid in Treatment of Mammary Tumor.—Dr. Aubril relates the following case: Last March there came to my consultation the wife of a well-to-do mason, Mme. T., a dressmaker, a very diligent worker, thin, tall, very negligent of the laws of hygiene, aged forty-two years, having a son eighteen years old whom she did not nurse. This lady, menstruating in small quantity at fixed intervals, of impoverished blood, has been affected for five years with nodulated tumors in the left breast, which, she said, she had not dared to show: when the pain and hypertrophy increasing, she decided to come and see me. From sight and touch and general condition of the patient, I diagnosticated cancerous tumor of the breast non-ulcerated. The patient was unwilling to be operated upon, in spite of the advise of several surgeons of the hospitals whom I advised her to consult. On a formal, peremptory refusal, recalling to mind the observation of Moore at the hospital of Middlesex, 1872, I proposed to the patient to make injections into the tumor of pure acetic acid, one part to two of distilled water. Last March the tumor had a diameter of fifteen centimeters (six inches). I made sixteen injections at seven different times, at intervals of three days, into the upper part of the mass, especially on the outer part, combatting by moist heat the inflammation, which was moderate. Fifteen days later I made a constant application, wadded muslin, soaked three times a day with medicinal prussic acid; a strengthening regime was ordered, rest and medication with iodine. To-day, December 15, 1880, the tumor has almost disappeared, and measures only three centimetres (one 1-5 inch) in diameter. The affected breast is atrophied and less voluminous than the sound one.—*Journal de Méd. et de Chirurg. Prat.—St. Louis Courier of Medicine.*

Michigan Medical News.

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Editorial.

Training School for Nurses.

It gives us pleasure to be able to announce the establishment, in this city, of a training school for nurses. The work has been undertaken by the Michigan College of Medicine and the co-operation of a number of prominent citizens and ladies has already ensured its success. The school has been established on the same basis as that of the training schools of New York, the lady in charge being a graduate from the most successful of the New York schools, and having since her graduation had a very large experience both in nursing and training. Interested citizens have provided very liberally for the pecuniary requirements of the school and the teaching will be conducted by the faculty of the college.

The object of this training school will be simply to provide competent nurses; only that and nothing more. It will be inculcated as one of its cardinal principles that the offices of nurse and physician are separate and distinct. The successful inculcation of this principle will win for the school the gratitude of the profession. One of the most trying facts in connection with the self-trained (?) nurses, at whose mercy both patient and physician find themselves placed, is their self-sufficiency, and it is really a relief when haply one is met whose ken does not embrace all that is worth knowing, in both nursing and medical practice, and to whose garrulity there are reasonable bounds. The institution which shall succeed in giving us a combination of intelligence, industry, watchfulness and obedience, in a nurse, will deserve more than we can offer in return.

The necessity for competent nurses is felt not alone by the profession; the demand from the public is strong. The old-time nurse who is the autocrat of the sick or lying-in room has become a nuisance, which is tolerated simply for the reason that were she dismissed there would be great danger, in supplying her place, of aggravating the mischief.

The facilities for training nurses at the Michigan College of Medicine Hospital, already ample, are about to be increased. This hospital, founded less than two years ago, and provided with thirty beds, has, for the past six months, been unable to receive all applicants for admission. The trustees have purchased adjoining property, with a frontage of 115 feet, plans have been adopted for increasing the hospital accommodation and the work of extension will be begun forthwith.

The following from the Detroit *Free Press*, besides showing the manner in which good nurses are appreciated by the public, gives in further detail the plan to be pursued by the new training school:

"A noisy, blundering, gossipy, garrulous nurse is one of the greatest horrors of the sick room. A quiet, demure and competent one robs disease of half its terrors. Who that has ever lain weak and helpless, the while death hovered near, has not noted how the presence of one woman, deftly smoothing a pillow here, shutting out an obtrusive ray of sunlight there, the tones of her voice modulated so that they did not jar upon the ear, moving noiselessly about the room, soothes and calms the invalid, while another equally kindly and well-meaning rattles the medicine bottles, slaps the pillows, shuffles over the floor, whispers in incisive tones that grate upon the nerves like a file on metal, and produces a feeling of nervousness that is akin to distraction?

There are, so the doctors say, in the city of Detroit, but comparatively few thoroughly competent nurses; not one half the number desired. There are many who know how to give a babe sugar and water, and can give certain prescribed doses of medicine at certain stated intervals, but those who can note changes in symptoms or conditions and know what to do the while a doctor is being summoned, are not to be obtained except by a few families. It is strange that there are not more women who devote their attention to this womanly work, for, although the duties are arduous, the compensation is remunerative.

Of course it is the patient who suffers most from blundering, incompetent nurses, but the doctors are subjected to great annoyance from the same cause. Their orders are not heeded, their medicaments are improperly administered, or something else goes amiss in the sick-room during a night; and when the doctor makes his morning call he finds his patient worse, when he should have been better. The cause is ofttimes not apparent, and the physician is at a loss how to proceed. It has long been a recognized fact that something must be done in this direction, and at last steps have been taken in Detroit.

The Michigan College of Medicine is entitled to credit for the innovation. It is now perfecting details for the establishment of a training school for nurses and will soon have it in active operation. They have secured the services of Mrs. Nightingale Davies, a graduate of the New York Hospital, to whom application may now be made. She will have sole charge subject to the approval of a committee of the faculty of the college, where the school is to be located, and where the scholars will be in constant attendance upon the invalids that now so overcrowd the hospital that it is to be enlarged as soon as the necessary buildings can be erected.

The course of construction will consist, in part, of didactic lectures relating to the general principles of nursing; the observation and recording of symptoms; the diet of the sick, and the method of managing helpless patients. There will be especial attention paid to the following important points of instruction:

1. Dressing of wounds.
2. Applications of blisters, fomentations, poultices, cups and leeches.
3. Use of catheter and administration of enemas.
4. Methods of applying friction.
5. Bandaging and the making of rollers.
6. Making beds, changing sheets and shirts, moving the patient, and preventing bed sores.
7. Application of trusses and uterine appliances.

The course of instruction will require two years' study and practice, and the graduate will receive the diploma of the college. Pupils will be required to pay an entrance fee of $25, and will then be taken on two months' probation. If at the expiration of that period they have shown an unfitness for the work, or desire from any cause to withdraw, the money will be refunded them. But if, on the other hand, they desire to complete the course, they will be supplied with a uniform, consisting of a Scotch gingham dress, white apron and cap, and thereafter receive compensation for their services at the following prices: For the ensuing four months, $6 per month; for the ensuing six months, $8 per month, and for the second year, $12 per month. During the first year they will be employed at the hospital, will attend clinical lectures, and be thoroughly instructed in their duties. During the second year they will go out to care for patients under the instruction of members of the faculty, but not to places where contagious diseases prevail. The price for their services when thus employed has not yet been decided, but the minimum will be $10 per week. This, of course, goes to the school fund.

This opens up a remunerative and useful field of work for women. For $25 and two years' study and practice of their profession, they will receive $216 and be prepared to earn at least $10 per week. Of course, not every woman is fitted for the work, but to those who possess the requisite patience and endurance, and are obliged to work as domestics, or anywhere away from their own hearthstone, this opening is worthy of serious consideration.

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Natural Labor.

In the June number of the *Indiana Medical Reporter* is given a report of a "Lecture by Professor F. A. Spalding, M. D., Professor of Clinical Obstetrics in the Detroit Medical College." Inasmuch as we have known instances of frightful contortions which lectures have been forced to undergo under the hands of a reporter, we have refrained till now from referring to this report of Prof. Spalding's lecture, giving him an opportunity to make correction of any statement reported which he did not endorse. No correction having appeared, it must be assumed that the lecture as given is a correct report. It is remarkable for its novelty, for its upsetting of ancient and established rules, and for the success which it is promised will attend the disregarding of nature's method of conducting a delivery. The advice, "do not hesitate to give your uterine motor stimulants," unqualified by any reference to the condition of the os or any other consideration, is, it seems to us, somewhat reckless. Certainly, also, the success which Prof. Spalding has had in curtailing the duration of labor is, to say the least, remarkable. The average duration of labor reduced to two hours, by devices so simple, and, it is to be presumed, with no injury to either mother or child, is a consummation which the "busy practitioner" has long devoutly wished. If this reported experience shall be corroborated by the experience of others, Prof. Spalding will have earned the thanks of impatient doctors and suffering females. The claims are, however, so apparently extravagant that we must be excused from entertaining them until subsequent reports shall prove the methods to be equally expeditious in other hands:

"If you be called to attend a female, who imagines herself in labor, the first thing that you do is to discover if it be really the case. You will readily ascertain whether or not she be pregnant by examining the size of the womb. Pain, well in front, frequent, regular and low down, accompanied by a bloody mucous discharge and dilation of the os uteri to the size of a 25-cent piece, indicate that labor has commenced. Remain with the woman. I may say here that during the last month the os is large enough to allow the introduction of your index finger. If the woman have threatening pains only, give her an anodyne—as morphia. If she be really in labor, *i. e.*, if labor pains have commenced, you will direct that the bed be prepared for her. Upon an ordinary bed sheet you will place an oilcloth or rubber blanket, and over this a woolen quilt. This woolen quilt will absorb all the blood and discharges; and, after it is removed with the rubber blanket, the patient is left on a dry bed. Most physicians will now sit down and wait for something to turn up. Sometimes they may wait for 24 hours or more. This is unnecessary. If labor does not progress well, you can make pressure on the uterine neck during every pain. This will stimulate uterine contractions. Ascertain the position of the fœtal head and the condition of the pelvis. If the pains be sluggish, do not hesitate to give your uterine motor stimulants, ergot, quinine, alcohol, strong coffee or biborate of soda. The action of ergot must be aided by pressure upon the uterine neck upwards. The next thing to assist labor, is to rupture the bag of waters. The pressure on the perineum is of no account.

The best ligature with which to tie the umbilical cord is common spool thread doubled, but not twisted; on each end of which a knot is to be tied.

To deliver the after birth, twist the cord around your finger, and make gentle traction, at the same time holding and pressing the uterus between the thumb and the index finger of the free hand to assist uterine contractions. Wait a few moments before removing the placenta. After labor has ended you apply an abdominal bandage. The best is made of roller toweling, as it does not stretch. In applying it the greatest pressure is brought to bear on the uterus. By the method I have given you, I have treated hundreds of women in labor. The average duration of labor in my cases is two hours—the longest labor not over four hours.

More Trouble at Ann Arbor.

The recent regular meeting of the Regents of the University of Michigan had before it a considerable amount of business of a somewhat unusual nature. The Joy-Electric-Device matter came up and was treated to a heavy coat of whitewash,—a treatment of the case which was, by the way, not entirely a surprise—and no steps were taken to counteract the advertising which this most quackish device of recent times adroitly secured from that great institution, the University of Michigan. The Regents mistake the temper of the Profession when they think they can allow a matter of this nature to pass without at least a protest in the name of the institution.

Ever since the establishment of the department of Homœopathy the professors of surgery in that department and in the department of regular medicine have each apparently been the champions of the respective divisions. The two departments apparently impinge at these two points as they do at no other, and there has been from the date of the miscegenation an irritated surface at the point of contact. The trouble between Professors Gilchrist and Maclean will be recalled by the readers of the first volume of the News; this continued until the former received his *congé*, and his dismissal was a scalp which proudly dangled from the latter's belt. Prof. Gilchrist was succeeded by Prof. Franklin, a gentleman from St. Louis, who brought with him a reputation of great ability,—surgical, polemical and physical—which he was prepared to exert in the defense of infinitesimal surgery. For a time after this new gladiator shied his castor into the arena there was an armed neutrality, each foeman cautiously feeling for the other's vulnerable points before making a thrust. Soon, however, the war which for a space did fail, trebly thundering filled the gale, and the atmosphere of the classic town became sulphurous. Language more expressive than elegant was freely exchanged, and on one occasion there was a downright rough-and-tumble, fisticuff encounter on the campus. The Regents with their well-known capacity for "smoothing things over" succeeced in patching up a peace which on its surface was fair and beautiful, but away deep down there rankled the old-time venom. A few months ago premonitory ebullitions appeared, and outsiders were on the *qui vive* for another renewal of hostilities. They had not long to wait, for the pent-up feelings soon had vent, and the dogs of "wah" were again unleashed. The old-time deadly weapons (jawbones) were once more drawn, never again to be sheathed until they had raised another scalp. Professor Maclean, with the scalp of one homœopathic surgeon proudly dangling at his belt went before the Regents with charges which, properly sustained, should have given him another, even that of Professor Franklin. The honorable the Board of Regents "looked into the matter" and practically admitted that all that had been charged against that gentleman was true, but they failed to surprise any one by visiting any punishment on the transgressor. Not only did they not do so, but they, in no equivocal terms, gave Professor Maclean to understand that if they should receive any more complaints from him of his homœopathic brother's delinquencies, his (Maclean's) resignation would save him from decapitation. Encouraged by this turn in affairs Professor Franklin again rushes into the secular print, (a favorite medium, by the way, among the Ann Arbor professors), and re-iterates many grave charges which he had previously circulated with his mouth, against Professor Maclean. The latter has been estopped by the action of the Board of Regents, from seeking redress and the denial of this privilege coupled with the insult visited on him by the honorable Board, left before him but one alternative, resignation. This he has resorted to, and the University of Michigan, as soon as the Regents accept the resignation, will want another surgeon, and inasmuch as the bed of surgery at that institution is one of roses, the applicants will doubtless be galore.

Miscellany.

THE AUTOPSY.—The October issue of the *American Journal of Medical Science* contains the follow- official report of the autopsy of the body of President Garfield, prepared by the surgeons in charge:

Official record of the post mortem examination of the body of President J. A. Garfield, made September 20, 1881, commencing at 4.30 P. M., 18 hours after death, at Francklyn Cottage, Elberon, N. J. Present and assisting: Dr. D. W. Bliss; Surgeon General J. K. Barnes, United States Army; Surgeon J. G. Woodward, United States Army; Dr. Robert Reyburn, Dr. Frank H. Hamilton, Dr. D. Hayes Agnew, Dr. Andrew H. Smith of Elberon and New York, and Acting Assistant Surgeon D. S. Lamb, of the Army Medical Museum, Washington, D. C.

Before commencing the examination a consultation was held by these physicians in the room adjoining that in which the body lay, and it was unanimously agreed that the dissection should be made by Dr. Lamb, and that Surgeon Woodward should record the observations made. It was further unanimously agreed that the cranium should not be opened. Surgeon Woodward then proposed that the examination should be conducted as follows:

That the body should be viewed externally, and any morbid appearances existing recorded; that a catheter should be passed into the wound, as was done during life to wash it out, for the purpose of assisting to find the position of the bullet; that a long incision should next be made from the superior extremity of the sternum to the pubis, and this crossed by a transverse one just below the umbilicus; that the abdominal flaps thus made should then be turned back, and the abdominal viscera examined; that after the abdominal cavity was opened the position of the bullet should be ascertained, if possible. before making any further incision, and that finally the thoracic viscera should be examined. This order of procedure was unanimously agreed to.

The examination was then proceeded with, and the following external appearances were observed: The body was considerably emaciated, but the face was much less wasted than the limbs. A preservative fluid had been injected by the embalmer a few hours before, into the left femoral artery, and the pipes used for the purpose were still in position. The interior surface of the body presented no abnormal appearances, and there was no ecchymosis or other discoloration of any part of the front of the abdomen. Just below the right ear and a little behind it, there was an oval ulcerated opening about half an inch in long diameter, from which some sanious pus was escaping, but no tumefaction could be observed in the parotid region. A considerable number of purpura like spots were scattered thickly over the left scapula, and thence forwards as far as the axilla. They ranged from one-eighth to one-fourth of an inch in diameter; were slightly elevated and furfuraceous on the surface, and many of them were confluent in groups of two to four or more. A similar but much less abundant eruption was observed sparsely scattered over the corresponding region on the right side. An oval excavated ulcer about an inch long, result of a small carbuncle, was seated over the spinous process of the 10th dorsal vertebra; over the sacrum there were four small bed sores, the largest about half an inch in diameter; a few acne pustules and a number of irregular spots of post mortem hypostatic congestion were scattered over the shoulders, back and buttocks. The inferior part of the scrotum was much discolored by hypostatic congestion. A group of hemorrhoidal tumors, rather larger than a walnut, protruded from the anus. The depressed cicatrix of the wound made by the pistol bullet, was recognized over the 10th intercostal space three and a half inches to the right of the vertebral spines. A deep linear incision (made in parts by the operation of July 24, and extended by that of August 8), occudied a position closely corresponding to the upper border of the right 12th rib. It commenced posteriorly about two inches from the vertebral spines, and extended forwards a little more than three inches, and at the interior extremity of this incision was a deep, nearly square abraded surface about an inch across.

A well oiled flexible catheter, 14 inches long, was then passed into this wound, as had been done to wash it out during life. More resistance was at first encountered than had usually been the case, but after several trials the cather entered, without any violence, to its full length. It was then left in position, and the body disposed supinely for the examination of the viscera. The cranium was not opened. A long incision was made from the superior extremity of the sternum to the pubis, followed by a transverse incision crossing the abdomen just below the umbilicus. The four flaps thus formed were turned back and the abdominal viscera exposed. The subcutaneous adipose tissue was divided by incisions, was little more than one-eighth of an inch thick over the thorax, but was thicker over the abdomen, being about a quarter of an inch thick along the linea alba, and as much as half an thicker towards the outer extremity of the transverse incision.

On inspection of the abdominal viscera in situ, the transverse colon was observed to lie a little above the line of the umbilicus. It was firmly adherent to the arterior edge of the liver. The greater omentum covered the intestines pretty thoroughly from the transverse colon almost to the pubis. It was still quite fat and was very much blackened by venous congestion. On both sides its lateral margins were adherent to the abdominal parietes opposite the eleventh and twelfth ribs. On the left side the adhesions were numerous, firm, well-organized and probably old, (a foot note here says: These adhesions and the firm ones on the right side as well as those of the spleen possibly date back to an attack of chronic dysentery from which the patient is said to have suffered during the civil war.) On the right side there were a few similar adhesions, and a number of more delicate and probably recent ones. A mass of black coagulated blood covered and concealed the spleen and the left margin of the greater omentum. On raising the omentum it was found that this blood mass extended through the left lumbar and iliac regions and dipped down into the pelvis in which there was some clotted blood and rather more than a pint of bloody fluid. (A foot note here says: A large part of this fluid had probably transuded from the injection material of embalmer). The blood coagula having been turned out and collected, measured very nearly a pint. It was now evident that secondary hemorrhage had been the immediate cause of the death, but the point from which the blood had escaped was not at once apparent. The omentum was not adherent to the intestines, which were moderately distended with gas. No intestinal adhesions were found other than those between the transverse colon and the liver, already mentioned.

The abdominal cavity being now washed out as thoroughly as possible, a fruitless attempt was made to obtain some indication of the position of the bullet before making any further incisions. By pushing the intestines aside the extremity of the catheter, which had been passed into the wound, could be felt between the peritoneum and the right iliac fascia, but it had evidently doubled upon itself, and although a prolonged search was made nothing could be seen or felt to indicate the presence of the bullet either in that region or elsewhere.

The abdominal viscera were then carefully removed from the body, placed in suitable vessels, and examined seriatim with the following result: The adhesions between the liver and the transverse colon proved to bound an abscess cavity between the under surface of the liver, the transverse colon and the transverse meso colon, which involved the gall bladder, and extended to about the same distance on each side of it, measuring six inches transversely, and four inches from before backward. This cavity was lined by the thick pyogenic membrane which completely replaced the capsule of that part of the under surface of the liver occupied by the abscess. It contained about two ounces of greenish-yellow fluid, a mixture of pus and biliary matter. This abscess did not involve any portion of the substance of the liver except the surface with which it was is in contact, and no communication could be detected between it and any part of the wound. Some recent peritoneal adhesions existed between the upper surface of the right lobe of the liver and the diaphragm. The liver was larger than normal, weighing 84 ounces. Its substance was firm but a pale yellow color on the surface and throughout the interior organ from fatty degeneration. No evidence that it had been penetrated by the bullet could be found, nor were there any abscesses or infractions in any part of its tissue.

The spleen was connected to the diaphragm by firm, probably old peritoneal adhesions. There were several rather deep congenial fissures in its margins, giving it a lobulated appearance. It was abnormally large, weighing 18 ounces, of a very dark, lake red color, both on the surface and on section. Its parenchyma was soft and flabby, but contained no abscesses or infarctions. There were some recent peritoneal adhesions between the posterior wall of the stomach and the posterior abdominal parietes. With this exception no abnormities were discovered in the stomach or intestines, nor were any other evidences of .general or local peritonitis found besides those already specified. The right kidney weighed six ounces, the left kidney seven. Just beneath the capsule of the left kidney, at about the middle of its convex border, there was a little abscess, one-third of an inch in diameter. There were three small serous cysts on the convex border of the right kidney just beneath its capsule; in other respects the tissue of both kidneys was normal in appearance and in texture.

The urinary bladder was empty. Behind the right kidney after the removal of that organ from the body the dilated track of the bullet was dissected into. It was found that from the point at which it had fractured the right eleventh rib(three inches and a half to the right of the vertebral spine) the missile had gone to the left obliquely forwards, passing through the body of the first lumbar vertebra and lodging in the adipose connective tissue immediately below the lower border of the pancreas, about two inches and a half to the left of the spinal column and behind the peritoneum. It had become completely encysted. The track of the bullet between the point at which it had fractured the eleventh rib and that at which it entered the first lumbar vertebra was considerably dilated and the pus had burrowed downwards through the adipose tissue behind the right kidney and thence had found its way between the peritoneum and the right iliac fascia, making a descending channel which extended almost to the groin. The adipose tissue behind the kidney in the vicinity of this descending channel was much thickened and condensed by inflammation. In the channel which was found almost free from pus lay the flexible catheter introduced into the wound at the commencement of the autopsy. Its extremity was found doubled upon itself immediately beneath the peritoneum, reposing upon the iliac fascia, where the channel was dilated into a pouch of considerable size. This long descending channel, now clearly seen to have been caused by the burrowing of pus from the wound, was supposed during life to have been the track of the bullet.

The last dorsal, together with the first and second lumbar vertebræ and the 12th rib, were then removed from the body for a more thorough examination. When this examination was made, it was found that the bullet had penetrated the first lumbar vertebra in the upper part of the right side of its body. The aperture by which it entered involved the intervertebral cartilage next above, and was situated just below and anterior to the intervertebral foramen, from which its upper margin was about one fourth of an inch distant. Passing obliquely to the left and forwards through the upper part of the body of the first lumbar vertebra, the bullet emerged by an aperture, the center of which was about half an inch to the left of the median line, and which also involved the intervertebral cartilage next above. The cancellated tissue of the body of the first lumbar vertebra was very much comminuted and the fragments somewhat displaced. Several deep fissures extended from the track of the bullet into the lower part of the body of the 12th dorsal vertebra, others extended through the first lumbar vertebra into the intervertebral cartilage between it and the second lumbar vertebra. Both this cartilage and that next above were partly destroyed by ulceration. A number of minute fragments from the fractured lumbar vertebra had been driven into adjacent soft parts. It was further found that the right 12th rib was also fractured at a point one inch and a quarter to the right of the transverse process of the 12th dorsal vertebra. This injury had not been recognized during life. On sawing through the vertebra a little to the right of the median line, it was found that the spinal canal was not involved by the track of the ball.

The spinal cord and other contents of this portion of the spinal canal presented no abnormal appearances. The rest of the spinal cord was not examined. Beyond the first lumber vertebra, the bullet continued to go the left, passing behind the pancreas to the point where it was found. Here it was enveloped in a firm cyst of connective tissue, which contained besides the ball a minute quantity of inspissated, somewhat cheesy pus, which formed a thin layer over a portion of the surface of the lead. There was also a black shred adhering to a part of the cyst wall, which proved on microscopic examination to be the remains of a blood clot. For about an inch from this cyst the track of the ball behind the pancreas was completely obliterated by the healing process. Thence as far backward as the body of the first lumbar vertebra, the track was filled with coagulated blood, which extended on the left into an irregular space rent in the adjoining adipose tissue behind the peritoneum and above the pancreas. The blood had worked its way to the left, bursting finally through the peritoneum behind the spleen into the abdominal cavity. The rending of the tissues by the extravasation of this blood was undoubtedly the cause of the paroxysms of pain which occurred a short time before death. This mass of coagulated blood was of irregular form and nearly as large as a man's fist. It could be distinctly seen from in front through the peritoneum after its site behind the greater curvature of the stomach had been exposed by a dissection of the greater omentum from the stomach, and especially after some delicate adhesions between the stomach and the part of the peritoneum covering the blood mass had been broken down by the fingers. From the relations of the mass as thus seen it was believed that the hemorrhage had proceeded from one of the mesenteric arteries, but, as it was clear that a minute dissection would be required to determine the particular branch involved, it was agreed that the infiltrated tissues and the adjoining soft parts should be preserved for subsequent study. On the examination and dissection made in accordance with this agreement it was found that the fatal hemorrhage proceeded from a rent nearly four-tenths of an inch long in the main trunk of the splenic artery, two inches and a half to the left of the cœliac axis. This rent must have occurred at least several days before death, since the everted edges in the slit in the vessel were united by firm adhesions to the surrounding connective tissue, thus forming an almost continuous wall bounding the adjoing portion of a blood clot. Moreover the peripheral portion of the clot in this vicinity was disposed in pretty firm concentric layers. It was further found that the cyst below the lower margin of the pancreas in which the bullet was found was situated three inches and a half to the left of the cœliac axis. Besides the mass of coagulated blood just described another about the size of a walnut was found in the greater omentum near the splenic extremity of the stomach. The communication, if any, between this and the larger hemorrhagic mass could not be made out. The examination of the thoracic viscera resulted as follows: The heart weighed eleven ounces, all the cavities were entirely empty except the right ventricle, in which a few shreds of soft, reddish, coagulated blood adhered to the internal surface. On the surface of the mitral valve there were several spots of fatty degeneration. With this exception the cardiac valves were normal. The muscular tissue of the heart was soft and tore easily. A few spots of fatty degeneration existed in the lining membrane of the aorta, just above the semilunar valves, and a slender clot of fibrin was found in the aorta where it was divided, about two inches from these valves, for the removal of the heart. On the right side slight pleuritic adhesions existed between the convex surface of the lower lobe of the lung and the costal pleura, and firm adhesions between the onterior edge of the lower lobe, the pericardium and the diaphragm. The right lung weighed 32 ounces. The posterior part of the fissure between its upper and lower lobes was congenitally incomplete. The lower lobe of the right lung was hypostatically congested and considerable portions, especially towards its base, were the seat of broncho-pneumonia. The bronchial tubes contained a considerable quantity of stringy muco-pus; their mucous surface was reddened by catarrhal bronchitis. The lung tissue was œdematous. (A foot note here says: a part at least of this condition was doubtless due to the extravasation of the injecting fluid used by the embalmer,) but contained no abscesses or infarctions. On the left side the lower lobe of the lung was bound behind to the costal pleura above to the upper lobe, and below to the diaphragm by pretty firm pleuritic adhesions. The left lung weighed 27 ounces. The conditions of its bronchial tubes and of the lung tissue was very nearly the same as on the right side, the chief difference being that the area of broncho-pneumonia in the lower lobe was much less extensive in the left lung than in the right. In the lateral part of the lower lobe of the left lung and about one inch from its pleural surface there was a group of four minute areas of grey hepatization, each about one-eighth of an inch in diameter. There were no infarctions and no abscesses in any part of the lung tissue.

The surgeons assisting at the autopsy were unanimously of the opinion that on reviewing the history of the case in connection with the autopsy it is quite evident that the suppurating surfaces and especially the fractured spongy tissue of the vertebra, furnish a sufficient explanation of the septic conditions which existed during life. About an hour after the post mortem examination was completed the physicians named at the commencement of this report assembled for further consultation in an adjoining cottage. A brief outline of the results of the post mortem examination was drawn up, signed by all the physicians and handed to private secretary J. Stanley Brown, who was requested to furnish copies to the newspaper press.

D. W. BLISS,
J. K. BARNES,
J. J. WOODWARD,
ROBERT REYBURN,
D. S. LAMB.

As the above report contains paragraphs detailing the observations made at Washington on the pathological specimens preserved for that purpose, the names of Doctors F. H. Hamilton, D. Hayes Agnew and A. H. Smith are not appended to it. It has, however, been submitted to them, and they have given their assent to the other portions of the report.

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THE PRESIDENT'S WOUND.—It was urged by some surgeons who did not see the case that the attendants on the late President were remiss in not exploring the wound more thoroughly with a view to discovering and removing the ball immediately after the injury. Dr. W. H. Hammond, of New York, was one of these and he sought to cast odium on those in attendance for not cutting for the bullet, and doubtless he was supported in this view by surgeons in different parts of the country; certainly there are some in this city who were loud in their protests against what they termed the timidity or conservatism of the treatment pursued. The autopsy has effectually answered all such, and the following extract from a published interview with Dr. Frank H. Hamilton, in the *Medical Gazette*, more fully exposes the absurdity of any thoughts of this kind in view of the revelation of the post mortem:

"Since it has been thought by some that it was the duty of the surgeons to have ascertained positively the course and location of the ball, it is proper to consider whether either the one or the other were practicable.

As to determining the course of the ball by a probe, every anatomist will see that it was impossible—if he will consider the very tortuous course which the ball must have taken to reach its final destination; that it passed through the solid structure of the vertebra, and that no metallic instrument sufficiently firm to give indications of the course and direction which it took within the body could ever have reached the ball; nor would any surgeon of experience, familiar with gun shot wounds of of the belly, in the absence of any satisfactory or conclusive evidence as to what course the ball had taken, venture to introduce a probe into the abdominal cavity for the purpose of exploring the supposed track; nor, indeed if he had evidence as to the course and situation of the ball, could he have been justified in such an exploration. No point is better settled in surgery than that interference of this sort in gunshot wounds of the belly, is meddlesome, useless and dangerous, and had it been done and a fatal peritonitis, in consequence, been set up, the surgeon doing it would have been justly held responsible for the fatal result.

As to the possibility of the extraction of the ball safely, it would have required a large tegumentary and muscular incision as a means of approach to the spinal column; the actual removal of the whole of the twelfth lumbar vertebra in order to furnish a sufficient channel through which the bold surgeon should advance with his instrument for extraction; and, after, emerging from the cavity thus made in the spinal column, he would have to penetrate or grope his way cautiously between the ganglionic system of nerves, and arteries, veins, lymphatics, including the thoracic duct, all of which are vital structures almost inextricably joined to each other on the front and sides of the spinal column, and the lesion of any one of which must have proved inevitably fatal.

Throughout the whole course of the treatment, contrary to what has been publicly said repeatedly, so far as it was possible to apply the system of antiseptic surgery advocated by Mr. Lister to a wound of this character, it was rigorously employed.

I am reminded now to say, in reply to some suggestions made from time to time, that we ought to have made a counter-opening in the lower portion of the long sinus which terminated in the right iliac fossa; that there was no period of time during the progress of the case in which we felt absolutely certain that what we recognized in the fossa as a point of induration was the ball; nor were we entirely certain at any time, where the lower end of the sinus was actually situated; nothing but a very flexible instrument could ever be introduced, and, inasmuch as when introduced its presence in the track could not be recognized by the sense of touch, we were left without any means of determining, with a sufficient degree of accuracy to justify an operation, where the lower end of the channel was. Indeed, it is probable that the flexible catheter employed never reached the lower end of the the channel, but doubled upon itself near the crest of the ileum. To have cut through or between, the great mass of muscles in the lower portion of the lumbar region, for the purpose of making a counter incision into a small channel, the course of which we did not and could not know, even approximately, would have been under any circumstances, an unjustifiable procedure—and especially so in the case of the President, whose hold upon life during all this long period seemed to depend upon a thread."

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A PLAGIARISM IN "HIGH PLACES."—Dr. C. Henri Leonard writes the following which we publish lest we be accused of indisposition to show fair play. In justice to Dr. Roberts, however, we must remark that the general reader will not regard it as passing strange that a similarity should exist between two compendiums, both of which are confessedly extracted from Gray's Anatomy. Plagiarism, as we take it, refers rather to ideas than to the mere mechanical arrangement referred to. In noticing Dr. Roberts' compendium, moreover, we instituted no comparison between it and any other special book on the same subject, and if Dr. Leonard has found that "Roberts' *compend* is no where near so complete as his (Leonard's) *Anatomist*" we can only congratulate him on the discovery. Furthermore if Dr. Roberts' has copied "verbatimly" from Dr. Leonard there is in that fact another ground for congratulation, for is not plagiarism the most subtle form of flattery? It is the tribute which mediocrity pays to genius:

"I see in the last edition of the News, that you have noticed a *Compend of Anatomy* by one Dr. John B. Roberts of Philadelphia.

My attention was called to the book from this notice, and I find, the portion devoted to myology, to be almost verbatim that of the similar portion in my *Vest Pocket Anatomist*, that has been so long before the profession.

I give you here, first, a section from Leonard's *Vest Pocket Anatomist:*

(6) NASAL REGION.

Pyramida'lis na'si: occipito-frontalis—compressor naris. [Facial.]

Leva'tor la'bii superio'ris alæ'que na'si: nasal process superior maxilla—cartilage of the ala and lip. [Facial.]

Dila'tor na'ris poste'rior: nasal notch superior maxilla—skin at inner margin nostril. [Facial.]

Compres'sor na'rium mi'nor: alar cartilage—skin at the end of the nose. [Facial.]

Depres'sor a'læ nasi: incisive fossa superior maxilla—septum and ala nasi. [Facial.]

The section from Robert's *Compend* is as follows:

NASAL REGION.

Pyramidal of nose | occipito frontal muscle | compressor of nose | facial.

Elevator of upper lip and wing of nose | nasal process of upper maxillary | nasal cartilage and lip | facial.

Posterior dilator of nostril | nasal notch of upper maxillary—skin at margin of nostril | facial.

Smaller compressor of nostril | alar cartilage | skin at end of nose | facial.

Depressor of wing of nose | incisive fossa of upper maxillary | septum and wing of nose | facial.

Roberts adds, however, the action (in part) of each muscle hereto; whereas I groupe the *complete action of the muscles* altogether into one section, classifying them according to the motions of the part whereon found.

In the sections devoted to the arteries, veins and nerves, I find Roberts' *compend* is no where near so complete as my *Anatomist*, although the general order is the same, and in some cases almost verbatimly the same as I give."

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Professor Annandale on Homœopathy, etc.—"At the recent medical graduation in Edinburgh, Professor Annandale delivered the valedictory address to the one hundred and seventy-three new graduates, not ten of whom he expected to remain north of the Tweed. He chose for his address the subject of Quackery, which, he said, was to be found in other professions beside that of medicine. He took a large and liberal view of the question, and expressed the perfect right of the public to please itself, and of patients to please themselves, by changing their medical adviser, or by having a bone-setter, rubber, or mesmerist. On the subject of homœopathy, not being in the Council of the British Medical Association, he seems still to be somewhat old-fashioned, though slightly at a loss to know what homœopathy now means. We must make room for what appears to us sound sense and good ethics on this question in its present stage. The Professor said:—

" 'My difficulty in regard to homœopathy is that, judging from the recent correspondence and discussions on the subject, the majority of homœopathic practitioners no longer acknowledge or practice in their entirety the principles of the original founder of the system. I understand that they now make use of homœopathy, allopathy, or any other treatment which they consider likely to be useful—I might in some, I hope not in many, instances, say agreeable—to their patients. Why, then, call themselves homœopaths? and why do they let it be understood that their treatment is a special one, or is in any way superior to that practiced by the ordinary practitioner? The position of homœopathic practitioners is at present both illogical and inconsistent as regards the practice of medicine; and I say that they should either hold to the original principle of homœopathy and call themselves true homœopathic practitioners, or they should retire from the ranks of homœopathy, return to the field of the ordinary profession, and give up their pretensions to cure all diseases by any special system which is peculiar to themselves.... Perhaps the best advice I can give you in regard to the treatment of homœopathy is to treat it as most sensible people treat æsthetics. I have no desire to say anything that is discourteous or personal in regard to homœopathic practitioners themselves. Many of them are educated gentlemen, and are qualified members of our profession: but it is impossible, under present circumstances, that you can have any true sympathy with them in the matter of medical practice. You cannot meet them in consultation, because, although you might agree with them as to the nature or diagnosis of a case of disease, one or other of you must consent to sacrifice your principles and belief when the treatment of the disease has to be decided, and no man with any proper feeling will do this, or should do it, more particularly when the health or life of a human being is concerned.'

"Mr. Annandale wound up with a few pieces of advice to the young graduates, which we heartily endorse. First, not to think that they were fully equipped with all knowledge, but to go on learning the practical parts of their profession. Secondly, not to consider that they had any vested interest in their patients. Thirdly, while willing in proper circumstances of poverty, misfortune, etc., to give their services, they must, as a rule, expect and require from their patients proper monetary remuneration. Fourthly, never to object to consultations with their professional brethren if their patients desire it. Fifthly, not to enter too actively into the region of politics, general, local, or theological."

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What is Malaria?—Claude M. Ferro, M. D., Tracy, Minn., writes: On reading the articles that have appeared in the NEWS from the pen of E. Halsey Wood, regarding malaria and the wonderful therapeutic properties he ascribes to ammon. brom., I am impressed with the idea that he may be one of those individuals who part the hirsute covering of their cranial cavities in the "middle" as well as their names.

History reveals the fact, that nearly every profound scientist and searcher after truth, who, in advance of the age in which he lived, promulgated ideas incompatible with the then accepted theories, have been shown little respect. Galileo, Jenner and Harvey were made the subjects of jeers and ridicule. Servetus burned at the stake, and Paracelsus, notwithstanding the life-extending properties of his "Elixir of Life," was looked upon with contempt, and should E. Halsey Wood and his remarkable assertions be treated with contumely by the "Boss Conkling of Medicine," he should endure it with a degree of forbearance, commensurate with the amount of amelioration of human suffering that his discoveries will bestow. He affirms the nonentity of malaria, in fact has buried the deadly morbific influence that pervades the atmosphere of his own State and the chilly regions of the Sunny South. The drainage of marshes, the removal of cess-pools, perfecting of sewerage, and all efforts of a sanitary character are no longer a necessity. The cryptogamic origin of diseases—so-called malarial—are due to idiopathic causes alone. There are no atmospheric nor telluric influences in process, engendering and developing an effluvia deadly and fatal in its effects upon the human race. Then quinia, thou health-restoring, ague-preventing, fever-destroyer and helpmate of hygiene, avaunt!! and be supplanted in our affections by the peerless, unrivaled anti-gangliasthenic, ammon. bromide!

"JUSTITIA" writes anent the same subject: Perish the thought that I should seek to disparage Dr. E. Halsey Wood, of Hersey, Michigan, simply because he "crows from a pine stump" in the northern woods. I like his articles, like his style and admire his cussedness, and should not now have uttered a word by way of criticism of his views but for the fact that he seems to be letting up without having touched on a very important phase of the subject, viz., the etiology of the diseases which he says are but manifestations of gangliasthenia. I care not a stiver whether there be such a thing as malaria or not, but before I reject the hypothesis I want something to supply its place. Malaria explains as no other hypothesis does the occurrence of intermittents and remittents. The individual sleeps for years on the high and dry mountains of New England and suffers no harm, but he comes out here to our Indiana swamps and a single night in their vicinage charges him with a something which brings on a chill and a fever and a sweating stage every other days with the regularity of the diurnal revolutions. Call these paroxysms ague or call them gangliasthenia, it is immaterial to me which, but what causes them? To deny that the cause emanates from the swamp is to repudiate the most direct evidence of the senses. If this emanation is not malaria, and if the infection be not an emanation then what is what?

I like Dr. Wood's reasoning thus far and merely throw out the above by way of a hint to bring him back to finish up the foundation before he proceeds any further with the building. The foundation is not yet perfect

Dr. A. G. Smithe, of Baldwyn, Miss.: "If Malaria is a delusion I am ready to exchange the doctrine now held, when ever a better cause, (for a cause there must be,) for the diseases now charged to that cause is given. Call it what you may, poison, or a want of poison, give us something in exchange for our delusion.

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WHAT CONSTITUTES A GOOD PHYSICIAN.—*The Spectator:* A man can hardly be a good physician without having a considerable share of native scientific ability; and he should also have much of the artist's sensibility to form, color, and expressive motion. The physician, besides actual accomplishments, of which he is likely to have quite enough outside his vocation, is often the most agreeable and well-informed man of the world, in his very large circle. And everything conspires at present to compel or invite the widening of his horizon. To be a really good physician a man must be a psychologist. This does not mean that if he finds in a case of insomnia no obvious cause for the patient's disorder, he should ask the unfortunate man if he has anything on his conscience, embezzlement, for instance. It is well known that Lord Eldon, when plain John Scott, and the lady whom he married, were lovers all their lives. Early in the honeymoon Mrs. Scott fell ill in a strange village, and the local practitioner was sent for. Having, after the usual routine, failed to make out what was the matter with this beautiful lady, he said: "I am afraid, ma'am, there is something on your mind. You are not happy with your husband?" This was bad practice. There is but little necessity to allude to the dismissal of that doctor. The anecdote only illustrates, in passing, the sense in which the physician must not be a psychologist.

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TO REMOVE INK STAINS.—The *Journal de Pharmacie d' Amers* recommends pyrophosphate of soda for the removal of ink-stains. It is claimed for this salt that it does not injure vegetable fibre and yields colorless compounds with the ferric oxide of the ink. It is best to first apply tallow, and then wash in a solution of the pyrophosphate of soda until both tallow and ink have disappeared. Stains of aniline ink may be removed by moistening the spot with strong alcohol acidulated with nitric acid. Unless the stain has been produced by eosine it disappears without difficulty. Paper is hardly affected by the process, still it is always advisable to make a blank experiment first.

A REMEDY FOR INTERMITTENT FEVERS.—*Medical Record:* Dr. Bruneti recommends, as an efficacious remedy in intermittent fevers, a preparation composed of twelve grammes (ʒ iij) of the chloride of sodium and one gramme (15 grains) of ferric carbonate. This is to be divided into six doses, to be taken in twenty-four hours. To prevent the recurrence of the malady one dose a day is to be taken for the following week.

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The public, through the daily press, and the profession, through a certain medical journal, have recently been treated with reproductions of letters written by rejected applicants and accompanying these reproductions there have been insinuations that the rejected ones by the "way up" schools, were taken in by some rival institution. We would add the following from a collection in the Michigan College of Medicine, to the curiosities of literature thus brought out:

Dear Sir, as I have taken one corse of lectures and decire to go this winter if posible I thought I would write you a letter wel Dr. as I have not ben abel to work and have to work for what I have I cannot pay my way but I would take care of a Dr. horse in a minit I would like to come when school comences.

pleas write soon."

The reply requested brought back the following:

"I receaved yor letter on thoes terms I will come if I can get in by paying my matricalation fee I desire to take a corse this winter my uncle will pay my way for me pleas write soon."

The young man was informed that an examination was necessary to matriculation, and accordingly he came to the city and presented himself, but, as might have been expected from the above sample of his correspondence, he failed to pass.

This narrative may be closed with something more definite than an insinuation. The young man is now a matriculate and is in regular attendance at one of the "way up" medical schools of this state. Name of student, original correspondence, and name of the school which he entered can be given if desired by any aggrieved party. Deeds rather than boasts are what schools which claim to be elevating the standard of medical education should bring forth.

Med. and Surg. Reporter: That vivacious writer, Olive Logan, tells of this sad case in one of her recent letters:—

"I know a gentleman, whose occupations compel him to lead a sedentary life, who, in theory is a total abstainer, who has a moral aversion to drink, and yet half a bottle of champagne at dinner is the only agent which stands between him and gastritis, that agonizing neuralgic dyspepsia which kills its hundreds of victims every year. The wine, with him, acts like a charm, and I think—do not you?—that he would indeed be unwise to abandon its use, merely for a moral scruple."

The skill with which Olive handles the medical vocabulary is only surpassed by her noble liberality of sentiment. Don't we? Give us a chance! We know fellows whose moral aversion to champagne won't stop at half a bottle.

We are admonished to prepare for a flood of literature this fall from Chicago,—Chicago which has until now been guilty of a minimum amount of such perpetration. Here is a partial list: Dr. N. S. Davis, has a work on "Practice," on the press; Dr. H. M. Lyman has one on "Anæsthetics" which is just ready; Dr. E. F. Ingals has one on "Physical Diagnosis;" Dr. J. S. Jewell has long been incubating on a book on "Nervous Diseases" which is soon to see light; Drs. Andrews, Hyde and Jewell are engaged as editors of the new works on surgery announced as shortly to appear. The only wonder which this announcement excites is not that these lights are about to shine forth, but that they have remained under the bushel so long.

Speaking about the character of the attendants of a sick person, Dr. J. M. Fothergill says: "A pious widow, with dyspepsia and strong religious convictions, is a ghoul when illness is about. She sucks the life out of an invalid like a moral vampire. As life ebbs she is sustained, and when the invalid has passed the portals of another world she goes away edified, strengthened and encouraged in her murderous mission, fully prepared to extinguish the lives of any number of relatives if ill luck should prostrate them upon the sick bed."

The annual report of Acting President Frieze, of the University of Michigan, contains the following suggestive sentence on the question of preliminary education: "The professional schools, therefore, can not be excused for admitting students without respectable preparation. They should insist, at least, upon that afforded by the high school, but they cannot be censured for not requiring a preparation of four years in addition to that of the high school."

Crede, in the Leipzig Maternété, orders one drop of a two per cent. solution of nitrate of silver to be distilled into the eyes of the new-born, and compresses steeped in a two per cent. solution of salicylic acid for the following 24 hours. Of 200 children thus treated, not one case of ophthalmia was developed.

Small boy to rustic parents: "I say, pa, what kind of medicine is P. P. P. P., which I see painted on the fence?" Parent: "Well, I don't 'zactly know, but I suppose it is something to act on the kidneys."

It is announced that baldness can be cured by skin grafting, but the assertion is generally regarded as mere balderdash.

Book Notices.

Landmarks, Medical and Surgical. By Luther Holden, Ex-President, Member of Council, and Member of the Court of Examiners of the Royal College of Surgeons of England; consulting surgeon to St. Bartholomew's and the Foundling Hospitals. Assisted by James Shuter, M. A. Camb., F. R. C. S., Assistant Surgeon to Royal Free Hospital, etc. From the third English edition, with additions by William W. Keen, M. D., Professor of Artistic Anatomy in the Pennsylvania Academy of the fine arts; formerly Lecturer on Anatomy in the Philadelphia School of Anatomy, etc.
Philadelphia: Henry C. Léa's Son & Co. Detroit: John Willyoung.

This is a duodecimo volume of 148 pp. and when the formidable array of authors on its title page is considered in connection with the size of the book, one before looking further would prepare himself for something unusually concentrated and precious. The title "landmarks" is somewhat ambiguous used in this connection, and is but faintly expressive of the nature of the book. We quote the following paragraph from the introductory, which both explains the object of the book and contains a valuable suggestion: "By 'landmarks' we mean surface-marks, such as lines, eminences, depressions, which are guides to, or indications of, deeper-seated parts. Many students who may be familiar enough with bones, muscles, blood-vessels, or viscera in the dissected subject, are not so ready as they ought to be in their recognition of parts when covered by skin, and are often sadly at fault when this knowledge, is required in their practice in the living." The object of this little book is to supply this knowledge to induce the student to look at the living body with anatomical eyes, and with eyes, too, at his fingers' ends. The importance of the book will be evident from this outline. To the student it, or some work like it, is invaluable. The practitioner must allow his inner consciousness to decide whether he requires it.

Lectures on the Diagnosis and Treatment of Diseases of the Chest, Throat and Nasal Cavities. By E. Fletcher Ingals, A. M., M. D., Lecturer on Diseases of the Chest and Physical Diagnosis, and on Laryngology in the Post Graduate Course, Rush Medical College; Clinical Professor of Diseases of the Throat and Chest, Woman's Medical College, Chicago, etc. With 135 illustrations.
New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

In the preparation of these lectures, the author assures us that he has availed himself of every source of information at his command. He has, moreover, supplemented the experience of others by by the record of that which a large clinical experience and several years of especial study has qualified him to say is best, both as regards methods of diagnosis and treatment. The work is intended more particularly for the education of the general practitioner, who wishes to intelligently treat such cases as present themselves in the rounds of his practice, rather than for the specialist so-called. This being its aim, its style is made to conform, and it is hence just such a book as can be recommended to the student, and to those who as students either lacked the opportunity or inclination to fit themselves in this direction. It is no disparagement of other works to say that none are better adapted to the class indicated than this. Dr. Ingals has shown that judgment in his selection from others, which only the practical man can exercise, and is to be congratulated as much on that part which is compilation, as on that which is original. This is not intended by any means as an equivocal compliment, for in these days of profusion of literature, it requires ability to make judicious selection and to blend conciseness with comprehensiveness.

A Manual of Histology. Edited and prepared by Thomas E. Satterthwaite, M. D., of New York, President of the New York Pathological Society, Pathologist to St. Luke's and Presbyterian Hospitals, etc. In association with Drs. Thomas Dwight, J. Collins Warren, William F. Whitney, Clarence J. Blake, and C. H. Williams, of Boston; Dr. J. Henry C. Simes, of Philadelphia; Dr. Benjamin F. Westbrook, of Brooklyn; and Drs. E. C. Wendt, A. Mayer, R. W. Amidon, A. R. Robinson, W. R. Birdsall, D. B. Delavan, C. L. Dana, and W. H. Porter, of New York City. With 198 illustrations.
New York: Wm. Wood & Co. Detroit: Thorndike Nourse.

Each of the gentlemen whose names appear on the title page is said to be known in connection with the subject of histology, and certainly some of them have made themselves known beyond the immediate spheres of their labors. The characteristic of the book is that it is a medium between what the beginner would find most useful and that which the advanced histologist would require. It is, therefore, adapted to the wants of the more advanced student, and the studious practitioner who feels that there is more to be known of medicine, in order to the highest success in its practice, than mere symptomatology and posology. Of the 28 chapters Dr. Satterthwaite contributes 9, and the other 15 gentlemen from 1 to 3 each, on branches of the subject to which he has given especial attention. Dr. Satterthwaite has given full and explicit instructions in the use of the microscope and the preparation of microscopic objects.

There are other admirable works on histology, *e. g.*, Klein & Smith, Stricker and Frey, by way of solid food, and Rutherford's and Schaefer's little handbooks, as milk for the babes, but there is probably not one which is better, if indeed as well, adapted to the wants of those who are fitted to thrive best on pabulum of intermediate strength.

International Cyclopedia of Surgery.

We are in receipt of a supplementary announcement issued by the publishers of this forth-coming great work. We glean from it the following facts which have been definitely determined on:

1st. The work will be comprised in six royal octavo volumes. *No more.*

2nd. The size of the page will be 6¼x9¼.

3rd. The type will be small pica and set solid.

4th. There will be about 2000 "ems" on each page.

5th. There will be an index at the end of each volume.

6th. There will be a full analytical index at the end of volume. VI.

7th. The work will be sold by subscription only.

The Mother's Guide in the Management and Feeding of Infants. By John M. Keating, M. D., Lecturer on the Diseases of Children at the University of Pennsylvania, etc.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

This little work is one which the physician may without fear recommend to the mother of a young child. It contains instruction in detail regarding essential points in the caring for the tender bud until it shall blossom into the flower, and is written in popular language.

Dyspepsia, How to Avoid it. By Joseph F. Edwards, author of "How a Person threatened or affected with Bright's Disease ought to live," etc.
Philadelphia: Presley Blakiston. Detroit: Thorndike Nourse.

This little book is divided into four chapters devoted respectively to Food, Digestion, How to Cook Food, and How and What to Eat. These are practical subjects and there is much ignorance prevalent regarding them, among the laity, for whom it is especially intended. It contains truths familiar to medical men and presented in a manner comprehensible to those for whom it is written.

Original Articles.

Typhoid Fever—Hypodermic Administration of Ammonia and Whisky.

A CLINICAL LECTURE BY PROF. J. M. DA COSTA, M. D., PHILADELPHIA, PA.

This man has been desperately sick. The disease fluctuated from day to day, but, while we always held the prognosis as doubtful, from the very continuation of the case we thought that, after all, recovery might occur; when, unfortunately, a profuse and exhausting intestinal hemorrhage took place. This was met by the administration of ergot internally, and by the use of hypodermic injections of whisky, to which we added a little ammonia (five drops of aqua ammonia to thirty minims of whisky.) This revived him, and indeed, notwithstanding two profuse hemorrhages, and a slighter subsequent one. Notwithstanding, therefore, this profuse bleeding, the hypodermic injections and the ergot seemed to control the grave phenomena. But the loss of blood was too much for him. Struggling, as he had been for weeks with this pulmonary complication, in addition to the prostration of a low fever, it was impossible for him to react. The bad condition of the blood, moreover, was shown by the livid and ecchymotic spots caused by the hypodermic injections, which afterwards formed large bullæ filled with bloody serum. This, therefore, was not so much a death from typhoid fever as from an accident in the course of the fever, the intestinal hemorrhage, which may happen in any case of typhoid, let it be light, or let it be grave. I show you here the specimens, which are particularly interesting from the point of view which we took when you saw him, concerning the pathological anatomy of the pulmonary complication of typhoid fever, and partly from the point of view of being a fatal case of intestinal hemorrhage occurring late in the course of the disease. First let us took at the lungs. There they are presenting the appearance of the so-called pneumonia of typhoid fever. Now, you perceive, when we examine this lung, that the first thing to note is that there is increased pigmentary deposit, but, with some rare spots excepted, you do not find that the lung tissue is consolidated. At the lower part of both lungs a small portion taken out will sink in water, but all this mass which appears to you to be completely consolidated is still capable of floating. This confirms what I told you about the pneumonia of typhoid fever. It is not a true consolidation. Here and there are spots of consolidation, some groups of collapsing air cells filled with granular material, but without true exudation of lymph, but all the other portions are densely congested. At the base of the right lung, it is true, there is a spot which looks like true pneumonic consolidation, but it is limited; the left lung is more crepitant. Here then is the pneumonia of of typhoid; deep congestion, collapse of air cells with only partial consolidation; both lungs present the same features, only differing in degree. I only add to make the case more complete, that there was subsequently no material difference in the physical signs from what you saw when he was before you. There was on one occasion a passing friction, but nothing having any special bearing upon the case. Here is the typical spleen of typhoid fever. Look at it. Larger and softer than normal, not red, but certainly increased in color. This is the kind of spleen that you will find in severe cases of typhoid fever. The liver is pale, large, and somewhat fatty. I do dot consider this is as belonging to this disease proper; more likely it is due to previous changes. I do not know what his habits were, but this fatty degeneration does not belong to the typhoid fever process. Now, we will examine the intestines. I want to show you the ulcerating Peyer's patches, from one or two of which the fatal hemorrhage took place. The ulcers were not large, only of medium size, and show in some parts very evidently signs of cicatrization. You see here most distinctly shown, the enlarged solitary glands; though they do not appear ulcerated, they simply seem to be the seat of the typhoid fever deposit. Whereas, in the lower part of the ileum, at this point, you can see the remains of a Peyer's patch, a portion of which has sloughed out; in the lower portion of its extent the process of cicatrization has commenced; the membrane is thin; it is only here, where the surface is depressed, that this ulcer is unhealed. Here is another patch, infiltrated, and the seat of superficial ulceration. Here is one very well marked; the whole patch is prominent, preserves its shape remarkably, and shows beginning abrasion, not deep ulceration. Now, gentlemen, suffice it to say that it was from one on two points—we need spend no further time in searching for them among the many spots of ulceration—from which the mucous membrane is entirely gone that these hemorrhages took place. Here is a very large, thoroughly characteristic Peyer's patch, enormously infiltrated. Here is what I was telling you about where there has been almost a perforation; you see this hole which has gone done down to the peritoneal surface. A little more and this would have led to perforation. It is very probable that from this identical patch, or some other just like it, the fatal hemorrhage began. While, of course, glad of the opportunity to show you these specimens, I am sorry, from the therapeutic point of view, to have had this opportunity of so doing, and repeat that I do not think that I would have had it but for the hemorrhage which unfortunately occurred.

As you have seen this case before, I will now make some remarks upon the subject of intestinal hemorrhage in typhoid fever and its treatment. It is a remarkable fact, and one which only illustrates the different characters which different epidemics assume, with regard to this complication, that out of all the cases which we have recently had under treatment—and I do not remember in all my experience as physician of this hospital, at any time, having had so many cases of typhoid fever in the wards—it is very strange I say that this is the first case of intestinal complication that has occurred. But of this series of cases which we have been studying, not one presented a symptom of the kind; out of all the cases I have shown to you, I have not had a single remark to make or a single suggestion to offer as regards the gastro intestinal complications. This is the first case of intestinal hemorrhage. You have further satisfied yourselves that this hemorrhage came from several unhealed ulcers in the small intestines, which were still progressing, and which would in all probability have led—one, at least—to a perforation and fatal peritonitis.

Was this the only cause of the profuse bleeding? Does it always happen from the extensive ulceration, which you see here, that the intestinal hemorrhage occurs, or is there another element present which was largely active in producing this result? Gentlemen, the intestinal hemorrhage is not necessarily linked to extensive and progressive ulceration of the bowels. Generally, when you have marked intestinal hemorrhage, there is another element which determines the bleeding, which is as potent in producing the result as the intestinal lesion; that element is the progressive deterioration of the blood by the prolonged fever process. The hemorrhage is due partly to the ulcerative process, and partly to alteration in the blood. Even in extensive ulceration, there may be only small and insignificant amounts of blood in the stools, nothing like a marked hemorrhage. But in other cases of typhoid, hemorrhage of a serious character may accompany only slight destruction of glandular patches in the intestine. That is one point: The cause of the hemorrhage is partly local, partly general.

Was there anything in the symptoms which predicted the occurrence of this grave, and as it proved, fatal complication? Could we have foretold it? Did we suspect it? Yes, gentlemen, there was something most significant that took place, which pointed to what was going to happen. You know that this case throughout has been marked by unusual height of temperature—and this I have discussed with you—marking 106° on one occasion; 105°, you see, was often attained, indeed; it was rarely under 104° or 103° (except when temporarily under the influence of the bath, or the large doses of quinia. Well, the temperature continued elevated, until on the morning of the 25th it fell without obvious cause. We find indicated in the temperature chart a sudden drop in the temperature from 104° to 101°. This is most significant. That night the hemorrhage occurred. When you have at the height of a case of typhoid fever, which hitherto has been marked by elevation of temperature, such a marked fall as this, you will be right, in 99 cases out of 100, in attributing that fact to intestinal hemorrhage which is taking place, or is about to take place. That is one diagnostic point which I wish to speak of. Another point is this: The signs of internal hemorrhage, of course, are the appearance of blood in the stools, and evidently impending collapse. He was perceptibly weaker. Perhaps it was the shock of the hemorrhage which weakened him; but, whether due to remedies employed, or to reaction, he grew better under the use of ergot and stimulants, and we hoped that he would be able to weather the storm, but the hemorrhages (one about a pint, the last about half as much) had been too great, and he died, exhausted, in the course of 36 hours after the first hemorrhage. Now for the treatment. I call your attention to the treatment pursued. Ergot by the mouth, some stimulants to relieve him, of course, but ergot by the mouth, and hypodermic injections of whisky, with a little ammonia, constituted the main reliance. I should have liked to give the ergot hypodermically, and under other circumstances would have done so, for I believe that ergot is the best agent in the treatment of intestinal hemorrhage of typhoid fever, and that hypodermic injection is the best method of giving it. Why did we not employ it here? Because the few injections of whisky and ammonia were followed by so much extravasation about the point of puncture, that the idea of administering ergot by this route was at once abandoned. We gave 20 minims every three hours, by the mouth, and after he came fully under its influence there was no more hemorrhage. What about the hypodermic injection of stimulants? I have often resorted to the injection of whisky and ammonia in temporary conditions (3 to 5 drops aqua ammonia, whisky 30 minims), with marked benefit. It is a powerful stimulant to the circulation, enabling us to rapidly produce an effect, and in emergencies may save life, or, at least, revive the patient and gain time, so that other remedies may have an opportunity of producing their effect.

Hyperthermy.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

In a previous article published in this journal I gave expression to the following: "Diseases of passive congestion are marked by increased and irregular heat of surface. This heat I denote by the term 'hyperthermy.' Etymologically it means the same as fever; but there is a difference in the cause or source of the heat in the fever of inflammation and of the heat in the hyperthermy of passive congestion which marks the distinction that I make."

The mechanism of fever has not been actually determined, which means that the nature of fever is not understood. The physician places a thermometer in the armpit or groin of a patient and judges of the severity of the fever by the degree of temperature marked by the instrument. Hundreds of thousands of such observations have been made and recorded, and from them have been constructed diagrams on which the range of temperature in a typical case of the different fevers is represented by zig-zag lines. Unfortunately for the practitioner typical cases are never met with, and the zig-zag lines afford no elucidation of the nature of fever. The use of the thermometer in disease is simply a recognition of the fact that fever is increased heat of surface and as the nature of fever has not been elucidated, there has been no progress made in this particular since the days of Galen, who defined feven to be abnormal heat.

The calorification of the body is due to the action of the nervous system both in health and disease, but if a fever ensues "it is ascribed to the processes set in motion by a specific poison." At present the medical mind can see no absurdity in this statement. Fever is exalted temperature, that is heat in abnormal degree. The organic changes that occur during the continuance of fever cannot be ascribed to the effects of the high temperature, because the same morbid phenomena appear in non-febrile diseases. Thus if to scurvy we add hyperthermy the result would be typhus fever nearly, or *vice versa*, if from typhus we subtract the hyperthermy we would have a disease which in most of its symptoms would be like scurvy. Fever then is only one feature of a disease and is not an entity: it is a symptom of disease and its presence or absence does not give character to disease. As a symptom its interpretation is easy if the idea of the specificity of its cause could be banished from the mind. This idea can be got rid of by establishing the distinction between fever and hyperthermy—a distinction which has never before been made. A correct apprehension of this distinction is necessary to the proper understanding of the mechanism of abnormal heat. The distinction clearly exists and is based upon the difference in the source of the heat in passive congestion and in inflammation.

The source of normal heat is the ganglionic part of the nervous system, that is calorification is an involuntary function of the body. There may be a heat centre and it may be located in the brain, but it is not of the brain and does not belong to the cerebro-spinal or voluntary portion of the nervous system. For the purposes of this theory the finical idea of a special heat centre will be disregarded; indeed it may be remarked that the division of the brain into special centres is not credited by the writer, nor will it be until the physiologist can locate the "head-centre," in which resides the supreme Ego.

The normal heat of the body is produced by the action of the normal nerve force derived from the ganglia on normal blood circulating in a normal capillary area. The method by which the heat is produced is believed to be by the correlation of force This change of nerve force into heat is both a vital and a chemical process, the precise nature of which will probably remain forever unexplained.

When gangliasthenia has been superinduced by the action of combined causes, the ganglia are rendered incapable of performing the function of calorification. The heat of the body must, however, be kept up, and the law of compensation, of universal prevalence and application, steps in and directs that the burden of heat production be thrown upon the fellow of the ganglia. The cerebro-spinal system, when the ganglia are exhausted in accordance with this law furnishes the force necessary to perform the involuntary functions of the body. The operations of this force out of its natural channel are irregular, and hence we have a heat that is excessive and unevenly distributed. This is hyperthermy. In fever the heat is excessive, but it is equally supplied, and all parts of the surface are alike hot. And this is all the difference appreciable by the senses that exists between fever and hyperthermy. This difference once noted enables the distinction based upon it to be readily recognized, when a due consideration of the sources of animal heat will elucidate the "mechanism of fever." Or it may be stated in this way: The heat of fever is due to the action of the nerve force supplied by the ganglia, and the heat of hyperthermy has its source in the nerve force derived from the cerebro-spinal nerves.

Individual sense of heat is the natural standard. For most purposes of observation in disease it is sufficient and it is the only means whereby the difference pointed out can be distinguished. This sense of caloric to be of any value must be normal, and ought to be improved by cultivation. It resides in the hands of the observer. Applying your hands then to the patient's feet they feel cool to you, and you ask: "How do my hands feel?" The reply is: "They feel warm." And so gradually moving them up the limbs you repeat your questions until above the knee midway of the thigh the surface feels hot to you, and on asking how your hands feel to the patient he replies: "They feel cool." Then you know that this heat is hyperthermy, and that the patient is affected with ganglionic disorder, and is suffering from passive congestion in some form. The hands, too. in passive congestion will always be found to be cooler than normal. This coolness of the extremities—"cold hands and feet"—in whatever degree appreciable to the normal sense of caloric, denotes not only deficient caloric but defective calorification; and its signification, whether the body is hot or cold, is gangliasthenia. But if the patient's feet and hands feel hot to you the import is that he has fever, or normal calorification in excessive degree, due to hypersthenia of the ganglia and the result of the supervention or cerebrasthenia. Hyperthermy is a symptom or an accompaniment of passive congestion, while fever is almost invariably, but perhaps not always, associated with inflammation. Hence it is erroneous to say that inflammation exists in conjunction with hyperthermy. Thus Stillé in his Lecture on Yellow Fever says: "vomiting in this disease is due to inflammation of the stomach," and again "these symptoms prove the existence of gastritis." A thousand Stillés might say this and it would be none the less untrue. As well and with as much truth might he say that the vomiting of sea-sickness is due to inflammation of the stomach. Hyperthermy and inflammation are incompatible.

The distinction made is legitimate and must be recognized and appreciated before a correct and proper understanding of the pathology of the congestive diseases can be attained.

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Selections.

A New and Reliable Operation for the Cure of Web-Fingers, Etc., By A. T. Norton, F. R. C. S., (London.)—The operation consists of cutting small flaps or tongues of skin from the posterior and anterior surfaces of the hand, with the bases of the tongues on a level with the heads of the metacarpal bones, and of attaching them together by their apices after cutting through the web. The flaps unite by the first intention, and thus any re-development of the web is entirely prevented. The points to be considered in the performance of the operation, in order to ensure a good result, are the following: 1. The flaps should be cut thick, so that their vascular supply may be complete, and the chance of sloughing reduced to a minimum. 2. They should be cut rather narrow, with judgment, otherwise they become compressed laterally and bulge upwards at the margins, instead of lying in adaptation to adjacent tissue. Such compression, of course, interferes with a free circulation of blood through the flaps. 3. The tissue between the knuckles should be cut back, or if necessary, cut away, so that the apices of the flaps may lie well in contact with each other without tension. 4. The flaps must be of sufficient length to prevent tension when the suture is applied. 5. The apices of the flaps are very small in children, so that a very small needle should be selected to carry the suture, in order to avoid unnecessary injury of the flap. 6. The position of the flaps should be carefully arranged, so that the limit of the new web may be in the line with the natural web of the finger. If the flaps unite, no web can re-form: There is no reason whatever why union by the first intention should not take place, if attention be paid to the above recommendations; and thus one of the most troublesome and unsuccessful of operatians is converted into one most simple and most certain of success. The President and Mr. Watkin Williams (Birmingham) spoke on the practical nature of the operation. In answer to Dr. Cousins, the author stated that he saw no reason why catgut sutures should not be used to connect the flaps, atlthough, in the case related in the paper, he had used Chinese silk. It was of prime importance to cut the flaps thick, so as to secure their after-vitality.—*Proceedings British Med. Association.*

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The Action and Uses of Antipyretic Medicines.—Professor Fokker, Groningen: While there is no great difficulty in understanding the mode of action of simple refrigeration in the treatment of pyrexia, that of antipyretic remedies, administered internally, is still obscure. We must assume either that they lower the temperature of the body by interfering with the circulation, or that they exert a destructive action, in virtue of their antiseptic properties, on the low organisms to which the pyrexial phenomena are presumably due. The second of these hypotheses is the more likely one. It may, of course, be objected that such remedies can never be administered in sufficient quantities to insure their presence in the blood in such proportions as to render it aseptic, or, at any rate, to exercise an antiseptic influence. It must not be forgotten that any hostile factor, though unable of itself to check the multiplication of the organisms, may succeed in doing so when combined with others equally hostile to bacterial life. It is quite possible, moreover, that antipyretic medicines may accumulate in particular organs, which may then exert a disinfectant influence upon the blood. Antipyretic remedies may legitimately be given in febrile maladies, when the heat of the body is such as to threaten the patient's life, or even the integrity of his tissues. Under such circumstances, those aromatic remedies which are, at the same time, bacterial poisons, should be preferred to physical methods of refrigeration. But when the temperature of the body does not rise to a dangerous height, the employment of such remedies in antipyretic doses is undesirable; since a degree of heat only a little above the normal temperature of the body is injurious to the vitality or the virulence of the pathogenic organisms. It is quite possible, indeed, that the febrile heat may be one way in which the system reacts against the organisms, and tends towards recovery. In all cases, therefore, when the temperature does not rise so high as to be of itself a source of danger, physical refrigeration should be avoided, and the antipyretic remedies should only be prescribed in relatively small doses.—*The British Medical Journal.*

Formulary.

We select the following prescriptions for headache from a number collated from various sources by the *Hospital Gazette:*

URÆMIC HEADACHE WITH DEFICIENT RENAL ACTION.

℞	Potass. citrat	℈j
	Inf. digitalis	
	Inf. buchu	āā ℥ss.

M. Sig. This amount three times a day.

or

℞	Potass. citrat	℈j
	Spts. juniperi	ʒj
	Spts. æther. nitros	♏xx
	Decoc. scoparii	℥j.

M. Sig. This amount three times a day.

HEADACHE FROM MALARIAL POISONING.

℞	Quiniæ disulph	gr. x–xv.
	Acid. sulph. dil	♏x.
	Syrupi	ʒij
	Aquæ	ad ℥jss.

M. Sig. To be taken two or three hours before the expected paroxysm and afterwards a third part three times a day till cinchonism is produced.

Should the headache recur from time to time give the following:

℞	Liquor Fowleri	
	Tinct. belladonnæ	āā ʒj
	Aquæ puræ	ad ℥jss.

M. Sig. A teaspoonful in a wineglassful of water three times a day.

NEURALGIC HEADACHE WITH HISTORY OF SYPHILIS.

℞	Liq. potass. ars	ʒj
	Tinct. quiniæ	℥jss
	Hydr. bichloridi	gr. ¼
	Aquæ	ad ℥vj.

M. Sig. A teaspoonful in a wineglassful of water three times a day after food.

HEADACHE ASSOCIATED WITH GOUTY DIATHESIS.

℞	Liq. potass. ars	
	Liq. potassæ	āā ʒj
	Tinct. colchici	ʒij
	Tinct. lavandulæ. co	ʒiij
	Aquæ puræ	℥vj

M. Sig. A tablespoonful in a wineglassful of water twice a day after food.

DYSPEPTIC HEADACHE WITH FLATULENCE, ACIDITY AND PYROSIS.

℞	Sodæ bicarb	
	Bismuth subcarb	
	Pulv. acaciæ	āā ʒj
	Spt. amm. aromat	℥ij
	Syr. zingib	℥iij
	Aquæ puræ	ad ℥viij

M. Sig. Two tablespoonfuls three times a day half an hour before food.

BILIOUS HEADACHE WITH FLATULENCE.

℞	Magnes. sulphat	ʒvj
	Magnes. carbonat	ʒj
	Tinct. lavand. co	℥iij
	Aquæ menth. pip	ad ℥viij.

M. Sig. A six part to be taken early in the morning and repeated as may be necessary.

NEURALGIC HEADACHE WITH CONSTIPATION.

℞	Quiniæ disu'ph	gr. xij
	Acid. sulph. dil	ʒss
	Tinct. ferri perchlor	ʒij
	Spt. chloroformi	ʒij
	Magnes. sulph	℥jss
	Syr. zingiberis	℥j
	Aquæ	ad ℥xij.

M. Sig. Two tablespoonfuls three times a day.

NEURALGIC AND NERVOUS HEADACHE MARKED BY GENERAL DEBILITY AND DEFECTIVE NUTRITION.

℞	Calcis hypophos	gr. 80
	Tinct. ferri perchlor	ʒiij
	Quiniæ disulphat	gr. xvj
	Strychniæ	gr. ss
	Spt. chloroform	ʒij
	Syrupi	℥jss
	Aquæ puræ ad	℥viij.

M. Sig. A tablespoonful three times a day in a wineglassful of water.

CONGESTIVE HEADACHE.

℞	Ammon. bromid	ʒj
	Spt. amm. aromat	ʒss
	Aquæ puræ	ad ℥jss.

M. Sig. To be taken on rising in the morning.

SYRUP OF HYDRIODIC ACID.

There are various strengths of this syrup in the market. That which is perhaps the most commonly used contains 6.66 grs. of iodine in the fluid ounce.

A syrup of this strength may be prepared in the following manner.

℞	Iodide of potassium	280 grs.
	Tartaric acid	260 grs.
	Distilled water	q. s.
	Syrup	q. s. ad 32 fl. oz.

Dissolve the iodide of potassium and tartaric acid, each separately, in 1 fl. oz. of cold distilled water, mix the two solutions, and set them aside in a very cold place for 24 hours. Then transfer the mixture of liquid and crystals to a filter, and when the liquid has drained off, wash the crystals with a little ice-cold distilled water, and bring the filtrate to the volume of 4 fl. oz. by the addition of more distilled water. Mix this with the syrup, and preserve the product in well-closed vials.—*New Remedies.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, OCTOBER 25, 1881. No. 20

Editorial.

Dr. Joy's Electrical Devices, Once More.

We had hoped to say no more on this subject but our readers will pardon us for considering it necessary to refer to a new aspect which the matter has assumed in a communication to the university organ by Dr. Frothingham, on whose previous letter, it will be remembered, we complimented him. "Whom the gods would destroy they first make mad," is an ancient proverb which finds expression in modern times in the saying that the man who gets mad betrays the weakness of his cause. If the cause of the certifiers to the efficacy of Dr. Joy's Electrical Devices (with scrotal attachment) is to be adjudged by the latest expression from Dr. Frothingham, it is not only weak, but rotten to its very core, for a more disgraceful exhibition of unseemly rage and personal vituperation it would be difficult to conceive as coming from a gentleman. We, of course, shall make no attempt to bandy Billingsgate with this adept in its use, and shall not dispute his superiority at this style of argument(?) . We cannot, however, refrain from an expression of surprise at the gentleman's change of style as shown in a comparison of his two letters, and it is only the position which he occupies that we fall back on as a justification for noticing his article, so replete with scurrility, so saturated with venom. If he can afford to assume his new rôle we can afford to let him; we certainly shall not try to emulate him.

From the mass of personal abuse we have been able to cull a remark or two bearing on the question at issue,and are constrained to briefly notice several that are completely irrelevant: Says Dr. Frothingham, giving to his words all the emphasis of italics, "the code forbids the giving of *certificates attesting the efficacy of patent or secret medicines* but no other, and Dr. Mulheron shows his stupidity when he asserts, as he does, that the giving of these certificates under the circumstances was an offense of the code of medical ethics." In his first letter he says "this experience (meaning the giving of such certificates), will serve to make me at any rate in the future much less obliging in this particular." Pray why, we ask, this high resolve if he had committed no offence? Is it possible that a subsequent study of the code having revealed to him a technical loophole through which he might squeeze, he has resolved to retract his first manly admission that he had been led into an error? It certainly has that appearance. The letter killeth but the spirit giveth life, and though Dr. Frothingham and his co-certifiers to the value of these most quackish of recent quack devices, may lay the flattering unction to their souls that they are exonerated by the code, the profession will hardly co-incide with them in this view. The nostrums against which the code inveighs are compounded of drugs regarding whose properties the profession are all familiar, and their component parts may be ascertained by inquiry at the patent office. In this sense they are not secret and their evil consists in their indiscriminate use by the public, a use which the certificates of reputable physicians are calculated to encourage. Viewed in this light, and we think the spirit of the code justifies this view, Dr. Joy's Electrical Devices (with scrotal attachment), therapeutical agents endorsed by the honorable gentlemen of the Medical Department of the University of Michigan, come clearly within the meaning of the Code.

Dr. Frothingham says again "When he (the editor of the NEWS) states that the certificates were given to deceive the manufacturer, he is guilty of a slander that admits of no excuse or paliation." Over against this terse statement and beautiful sample of orthography, we set the following quotations; the first is from the same letter in which Dr. F. makes the charge and the second from Dr. Palmer's letter in the NEWS of 10th ult: "He (Dr. Joy) afterwards secured a certificate from me, under the plea that it would aid him in making arrangements with a manufacturer, who was willing if it was a genuine thing, to invest some money in the manufacture of the belt and give Dr. Joy something for the device." "It (the certificate) was understood to be asked for the purpose of being shown to a manufacturer to aid in procuring its construction." In the same letter Dr. Palmer states that the only practical test to which he submitted the Device resulted in a failure. The inference from these statements is plain: with a view to assist Dr. Joy to secure a manufacturer he certified to the efficacy of a Device which experience convinced him was useless. If this was not deception it will require a word not now in our language to describe it. Either there was deception practiced or the truth was handled very gingerly. The gentleman are free to make choice of their horn of the dilemma.

Referring to his course in regard to the whole matter after the appearance of the notorious pamphlet containing his fac simile endorsement of Dr. Joy's Electrical Device (with scrotal attachment), Dr. Frothingham says: "We did not read the pamphlet, seeing by its cuts and make up that it was disgracefully quackish." Whom the learned professor intends the pronoun "we" to refer to, we are at a loss to determine, inasmuch as in his insane anger he employs execrable English and makes a sorry jumble of the singular and plural first personal pronouns. We shall, however, for the nonce, interpret it as applying merely to himself and not implicating his co-certifiers, and shall answer the statement (intended to be exculpatory) out of Dr. Joy's mouth. Dr Joy is out with a pamphlet indignantly resenting insinuations in which Dr. Frothingham in the lettle under consideration, indulges regarding his (Dr. Joy's) father, Dr. H. L. Joy, of Marshall, a gentleman of whom Prof. Joy truly states "this reflection is cast on one whose character is so far above reproach, that it has never been questioned or assailed, and is so unwarranted in fact that it is not worthy of notice by me here;" in this pamphlet he answers this statement of Dr. F's as follows: "He looked through the pamphlet, saw his own letter, but expressed no indignation that it had been published, and although he thought it would be better for me that the pamphlet be suppressed, said that the worst thing about it was the nude figure which adorned its cover." Here is a question of veracity between these two professors which we shall not attempt to decide.

Dr. Frothingham cites as an evidence of the News' inconsistency the fact that in the advertising pages of the same number of the journal that contains the criticism of his and his colleagues' certificates, there is an advertisement of "Dr. Jack's Santonine Lozenges." The situation must be desperate which seeks to place these santonine lozenges on the same plane with Dr. Joy's Eclectric Devices (with scrotal attachment.) In the first place an editor does not necessarily endorse what is admitted to the advertising pages of a medical journal. In the second place Dr. Jack's Santonine Lozenges are made after a formula laid down in the U. S. Dispensatory, they are not patented, they are advertised in a medical journal which is read only by medical men, who know the properties, the uses and dangers of santonine, and they are advertised by a well known firm. In each of these particulars they are exactly opposite to the Dr. Joy's Electrical Devices (with scrotal attachment) advertised in illustrated pamphlet, distributed broadcast among the people and endorsed by the fac simile certificates of Dr. Frothingham and his colleagues.

The points above answered are the only ones at all germane, which Dr. Frothingham makes in his remarkable letter. The rest of the production consists of irrelevant charges and inuendoes, two or three of which we shall merely touch on. The gentleman implies a charge of ingratitude against us in view of the fact that he and several of his colleagues put their "hands in their pockets" and furnished us with help without which, in the elegant diction of this learned professor, "Mulheron would not have had this shingle with which to throw mud at us now." It is true the gentlemen did help the News, but they did so just as every other subscriber helps it, viz., by "putting their hands in their pockets" and paying for copies for which they subscribed. They subscribed for 100 copies which were to be sent to subscribers whose addresses they might furnish. As a part of the same arrangement they were given a representation on the list of associate editors, and Dr. E. S. Dunster, was chosen by them for the position. The arrangement was a purely business contract whose terms we carried out to the letter. We hope the gentlemen did not regard their subscription in the light of a subsidy and that the News was thereby, and for ever after, bound not to criticise them. It is amusing, furthermore, to note such conceptions of a medical journal as condition its foundation on a paid-in capital of $100! This amount may be an immense sum in the treasury of their organ but it goes but a little way toward the establishment of a live medical journal.

The Michigan College of Medicine, Dr. E. Halsey Wood and the editor of the Detroit *Lancet* are also included in this screed, and are severally touched up in Dr. F.'s happy style. It is difficult to see what either of these have to do with the question of Dr. Joy's Electrical Devices (with scrotal attachment). The latter two gentlemen are, however, competent, should they perchance not deem the attack beneath their notice, to defend themselves; our estimate of their ability would certainly be very materially lowered were they not able to take care of themselves against this learned professor. As far as the Michigan College of Medicine is concerned we have only to say, although we are not its champion, that it is what it is, in and of itself. It is not a charity on State bounty, and whether it prove a success or a failure it will have the satisfaction of never having gone hat, in hand, to Lansing at each session of the legislature for an appropriation. At present it regards the fact that it has seventy students, who pay a fee of $50 each, in attendance on its second regular session, as far from discouraging, seeing that exists in the face of the venomous opposition of an institution thirty years of age, reared and fostered under state patronage and bidding for large classes with a fee of $25. Were the professors of the latter institution obliged to depend for success on their own merits as teachers, it is barely possible that the classes which now "flock to the University" and which they regard as tributes to their transcendent ability would experience a falling off. But this is a matter having very little to do with Dr. Joy's Electric Device, (with scrotal attachment); it may form the text for some future discussion.

In conclusion, while promising our readers not to trespass on their time again to such an extent, in connection with this matter, we respond with a hearty amen to the noble sentiment with which Dr. Frothingham closes a very ignoble screed: "Meanwhile it is devoutly to be hoped that sometime a better class of men may fill the places of those now destitute of honor and practically unmindful of the Code.

A Trick of the Trade in Connection with Tonga.

An action involving a question of much interest to the medical profession is now pending before the U. S. Circuit Court for the Eastern District of Michigan. This question is that of the extent to which the interests of medicine are legitimately subservient to those of the trade. Is this subserviency sufficient to warrant the placing of an embargo on a valuable therapeutic agent in the direct pecuniary interests of trade? This is a living question which has, particularly within the last few years, been pressing hard for a solution, which solution actions such as that to which we refer have a tendency to precipitate.

Two or three years ago a gentleman who had been a resident of the Fiji Islands brought with him on his return to England, a sample of a compound of drugs which he declared was held as almost a specific in neuralgia by the natives. His own experience and observation corroborated this opinion and in order to have the merits of the compound determined by competent scientific authority, he placed the sample in the hands of Messrs. Allen & Hanbury, a firm of retail pharmacists of London, with the request that they distribute it among such physicians as they knew by reputation to be qualified for the task. Accordingly these gentlemen placed the compound, to which the name "Tonga" had been given, in the hands of Drs. Sidney Ringer and William Murrell, of London. These eminent therapeutists after a thorough trial pronounced it a really valuable acquisition, and published a report of their experiments in the London *Lancet*. This report excited considerable professional interest, and our enterprising townsmen Messrs. Parke, Davis & Co., ever on the alert for such new drugs as have been proven meritorious, and with that characteristic promptness and energy which has kept them ahead in this specialty, immediately despatched an agent, an accomplished botanist, to the Fiji Islands with instructions to secure such a sufficient supply as would be necessary to meet the demand which the very flattering report from the eminent authorities would in all probability create. This promptness of their action enabled them to place the preparation on the American market, to "sample" the professon and to place test packages in leading hospitals some months before the English firm found it possible to reach this field. Messrs. Allen & Hanbury accordingly, finding themselves forestalled, have sought to prevent Messrs. P., D. & Co., from reaping the reward of their energy and to appropriate the benefits of the very consderable outlay of capital which the latter firm had incurred, have laid claim to a proprietary right to the term "Tonga," which they have had copyrighted, and have brought action, as above, through their American agents, Messrs. Schieffelin & Co., of New York city, to estop their more active competitors from the sale of the compound under this name.

The result of a successful issue of this attempt will be to give the English firm a monopoly of the sale of this valuable drug and permit them, of course, to ask for it such prices as they may see fit, and, being in no danger of competition, to thus make capital out of human suffering. This procedure of this firm serves to bring boldly out one of the evils of the copyright system, viz., that its tendency, if not indeed its positive design, is to prevent that wholesome competition which can always be depended on to regulate prices.

As regards the technical merits of the case under consideration we are not prepared to speak, but may state that Messrs. Parke, Davis & Co's defence will consist in an effort to prove: 1. That they had no knowledge of any proprietorship in the name "Tonga" by Messrs. Allen & Hanbury. 2. That the report of the use of Tonga by such distinguished authorities as Drs. Ringer and Murrell, and in the columns of such a journal as the London *Lancet*, left no doubt in their mind that the compound was common property, and on this belief despatched their agent for a supply. 3. That the term "Tonga" has for centuries been known as the name of a group of Islands in the Pacific ocean; that it was applied as the name of a medicinal drink by the Indians of South America long before Allen & Hanbury applied it to the drug in question; and that it is the name of a lizard found on the coast of Madagascar. All of which goes to show that the name was not original with the English firm. 4. According to the common law regulating the use of trade-marks it has been ruled by the Supreme Court that no one has a right to assume control of the only name by which an article is known.

Whatever the result of the suit may be, Messrs. Parke, Davis & Co., will be able to count on the sympathy of the profession in this latest stroke on their part in the contest which they are waging against the abuses of the trade-mark system.

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Glucose,—Grape Sugar.

The discovery of a process for the artificial wholesale conversion of corn-starch into glucose, or grape sugar has resulted in the establishment of a very extensive industry. Glucose is now very largely employed as an adulterant of cane sugar, the fact that it can be produced at about half the price, and that it can be added in very large quantities without exciting suspicion of its presence making it much sought for for this purpose. It is also employed very extensively in the arts, the manufacture of syrups, artificial honey, confectionery, etc., and is no longer a novelty, but has become a staple commercial commodity.

Glucose and grape sugar are interchangeable terms in physiology, but in commerce they are employed to designate two different articles: *glucose* is the name by which the syrup made from corn starch is known, and *grape* sugar is the solid product from the same. Grape sugar is produced by a continuance of the process of conversion beyond the point at which the starch entirely disappears, up to which point the mass is glucose, co-called.

There are several methods for the conversion of corn-starch into glucose. By one of these the corn is soaked for several days in warm water, and is then ground by means of stones. The starch is then washed out, being separated by passing it through bolting cloth. It is then beaten up with caustic soda to separate the gluten. After being thoroughly washed to remove all traces of alkali, the starch is next beaten up with water, forming a creamy paste. The mass is then placed in wooden tubs, the interior of which is encircled with copper steam piping. Here it is mixed with dilute sulphuric acid and steam is allowed to bubble through the mixture from small holes in the copper pipes. This method is known as "open conversion," and the latter portion of the process occupies about two hours. By the method known as "close conversion" the mass prepared and mixed with sulphuric acid as in the first instance, is inclosed in stout copper cylinders and subjected to the action of superheated steam. The conversion in this case lasts about fifteen minutes. The conversion may also be accomplished by fermentation. but the slowness of this process forbids its employment in the preparation of the commercial article.

After conversion the acid is neutralized by marble dust and animal charcoal, after which the mass is evaporated to proper consistency in vacuo.

The bleaching of glucose and grape sugar is sometimes practiced by means of sulphurous acid, but this method is objectionable owing to the fact that the sulphurous acid is liable to be changed into sulphuric acid, thus causing the presence of the latter acid in a free state in the finished product.

The question of the wholesomeness of glucose as an article of diet has latterly received considerable attention from the public. When it is remembered that the conversion of starch into glucose is a part of the process of physiological digestion, and that all the starchy constituents of food are thus necessarily converted in the system, the innocuousness of the artificial product can hardly be questioned. The danger lies in the use of the impure product, the deleterious ingredients being sulphuric acid, lime and copper. It is possible to practically eliminate these foreign matters from the artificial product, and when this is done the objections to the use of cane sugar as an article of diet are removed. Corn fattens our cattle and hogs, thus supplying us with beef 'and pork, and it furnishes us with bread; we also derive a very good article of whisky from it, and there remains no valid reason why it should not give us our sugar.

Medical Certificates to the Value of Instruments and Medicines.

The certificates of certain professors of the University of Michigan to the value of a device for the generation and application of a current of electricity, and the use to which those certificates were put, aptly illustrate a practice and its abuse which have become much too common. The gentlemen referred to, indeed offer in extenuation of their act the fact that others in high standing in the profession have been equally guilty, and refer to the numerous certificates which embellish the advertisements of medical compounds even in reputable medical journals. There is a marked difference between the advertisements to which they refer and those which Wagner & Co. have circulated, with their certificates attached, and the comparison which they institute is at best but a plausible attempt to let themseves down easy. Had they been able to point to certificates of reputable physicians attached to the advertisement of the notorious nostrums intended directly for the public instead of for employment on the prescription of the profession, the comparison would have been much more pat. The fact, however, remains that reputable, and in many instances prominent physicians have given their certificates to the value of proprietary compounds, although the certificates now doing duty are chiefly those given prior to the decided expression on the subject some two or three years ago, by the New York profession. Such certificates have been remarkable for their rarity during the past two years, and we believe the conviction that the giving of them is unprofessional and in direct violation of the Code of Ethics has become very general, the opinion of our University professors to the contrary notwithstanding.

The evil which arises from this giving of medical certificates are the improper uses to which they are liable to be put. There is, we take it, nothing inherently wrong in a physician's expressing his opinion to other physicians in writing, as to the value of any particular surgical appliance or compound of drugs. The evil is when these certificates are made use of to encourage the sale of such appliance or compound to the public who are instructed to employ them without the physician's sanction or advice in particular affections. Doubtless these certificates have wrought inestimable harm through this abuse of them, and inasmuch as they are, with very rare exceptions, made use of to the improper end indicated, the surest method of correcting the evil is for the profession to absolutely refuse to give them even though they be assured that no improper use of them is contemplated.

The Cold Water Treatment of Scarlatina.

Dr. Worthington read before the late meeting of the Canada Medical Association (*Canada Lancet*) a paper giving his experience in the use of cold baths in the treatment of scarlatina. He has employed this method for many years, his first case occurring in 1855, The ill-success which had attended his efforts prior to this date decided him to put to the test the treatment by cold recommended by Dr. Meigs of Philadelphia, and commended in an article in the *American Journal of the Medical Sciences* in May and August, 1847. His first trial was in a family of five children down with severe, but not malignant scarlatina. He had cloths wrung out of cold water and kept constantly about their necks and cold water poured over their heads, and their bodies and limbs sponged with cold water as often as needed to control the intense heat (this was before the days of the clinical thermometer) and to prevent too much swelling of the neck. These cases all recovered without sequelæ. In another family nine children were down with scarlatina, and three of them (boys) were delirious. After much trouble in overcoming the objections of the parents to the use of cold water, and placing the alternative of this treatment or his surrender of the case before them, he succeeded by the constant pouring of cold water over their heads to allay the delirium of the patients. The children all recovered under the application of cloths wrung out of cold water applied to the throat, irrigation of cold water to the head and cold sponge baths. He reports also cases of malignant scarlatina which recovered under this treatment.

In a single epidemic, in 1863, the cold water treatment was not as successful as it usually proved itself to be, although even in this its use was not followed by more failures than the ordinary treatment. The cold water treatment he has found to be most effectual in cases attended with cerebral symptoms.

This experience is somewhat remarkable, and yet it is not different from that of Currie a hundred years ago. It seems inexplicable with the mortality of scarlatina under the routine method of treatment on the one hand, and the success which has been reported from the use of cold water treatment on the other, that the profession should not make a bold effort to combat the antipathy to cold, and accord the latter treatment a general trial. Certainly no one who has had any considerable experience in this disease that has not felt the powerlessness of medication, and has not longed for something affording some definite and reasonably promising plan of treatment.

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Miscellany.

A Question of Privilege.—Dr. E. Halsey Wood rises to a question of privilege and submits the following rejoinder to a most uncalled-for personal attack on him by the university organ, whose object, by the way, seems to be to detract attention from the question at issue by venting its spleen in irrelevant personal abuse. We congratulate Dr. Wood on his dignified reply in face of the provocation to answer in kind. The matter which he has so much at heart will not suffer through personal abuse from such a source:

I need scarcely say that I was surprised at the personal reference to myself contained in the October number of the *Physician and Surgeon*. I have no controversy with that journal either as an exponent of medicine or as the organ of the Medical Department of the University of Michigan. I would pay no attention to the personal attack were it not that it consists almost wholly of misstatements. I shall treat the matter in this way:

Charge:—"The *Physician and Surgeon* charges that I have duped certain persons at Ann Arbor, to wit: Drs. Palmer, Frothingham and Maclean." To this I plead, not guilty.

Specification 1. "That I went to Ann Arbor and claimed to have discovered an infallible cure for cholera." This I admit.

Specification 2. "That I wanted to go to France and present my views to the Academy of Sciences." This is also true.

Specification 3. "That I wanted to go before the class and ask the students to make up a purse for me, which request was refused." To this I answer that the Professors were willing to accord me any hour of the day in which to deliver a lecture to the class but when I spoke of taking up a collection they objected and I thereupon relinquished my design

Specification 4. "That I am a poor man and did not have money enough to carry out my project." To this I plead guilty; but the unpleasantness of the condition is much mollified by many sweet and grateful reflections and feelings of which I am conscious.

Specification 5. "That I wrote to Dr. Palmer after this." No. I corresponded with him nearly a year before the time of my visit, and he said that he would be glad to hear my views and would render me every assistance in his power, but unfortunately for me the Doctor was in Europe when I went to Ann Arbor.

Specification 6. "That I am one of the chief contributors to this (Mulheron's) journal." This is a very serious accusation and I shall leave it for the News to answer as it may see fit.

Specification 7. "That I disseminate filth." This is unanswerable.

And your finding gentleman, is that none of the editors of the *Physician and Surgeon* is justified in calling Dr. Bliss "an ass." This is not relevant to the issue however pertinent to the case. And your reason ? Ah ! yes ! The reason is quite plain.

Let me give you a picture: This car is the "Progress of Medicine." The road is smooth and the car glides nicely along in the well-worn ruts. The passengers are well satisfied with themselves and smile complacently. As they pass along they see a man at one side and one asks the other "what is he talking about." The answer is that he is discoursing about the principles upon which the road is conducted; he does not believe in the principle of "malaria" and at this they all smile. You know how they smile. They frequently see a man who is discoursing in the same strain and they always smile in the same way. But suddenly the car stops, and they all rush out as mad as hornets and find a man on a pine stump who bears aloft this device: "Environment of the Individual," and he says. "Gentlemen here is a little lecture on malaria which I would like you to read." "The boys" read it and laugh consumedly, but the other fellows are unable to take a joke and they look glum; and they smile too, but in a different way. The man on the stump then says: "Gentlemen, this is a new branch which forms a junction here and it is to be run on non-malarial principles." "The boys" all rush for the new road while the other fellows continue on the old track and travel along to the places where the swallows will build nests in their beards. And one of them says "this man on the stump has his nervous system out of gear and talks nonsense;" and as he goes he throws mud at him.

You will remember, Doctor, that it is now nearly two years since I called upon you. I was much gratified at the kind hearing that you gave me. You listened patiently to the expression of my views and at my departure told me that whenever I desired to present them to the profession the pages of your journal were open to me. More than a year afterward with much trepidation I ventured upon a short essay and sent it to you. It was accepted and published. Others followed and of one of them it has been said by good authority that it was "forcible and interesting;" and even this meed of praise has not (that I am aware of) been awarded to anything which has appeared in the pages of the *Physician and Surgeon.* The lecture which I would have delivered at the University has been embodied in these articles. The one on malaria is a travesty but the bitter truth it contains seems to have excited the ire of some of the Professors and hence this attack on me.

My aim in writing these articles was to furnish something which, amidst the tumid twaddle, the general inanity and wearisomeness of the journals (to which the *Physician and Surgeon* forms no exception) might be found refreshing. I think I have accomplished my object in this particular, and feel that I have done more besides: I have contributed what I believe will prove a most important discovery, to the annals of medical science. When its value is recognized it will also be of record that the journal conducted under the auspices of my Alma Mater reviled me. It will then be an honor to him who received and encouraged me to lay my views before the profession.

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The Physician of the Future.—The September 10th no. of our English exchanges is the annual students' or educational number. It is devoted to a statement of the advantages of the different medical colleges of the Kingdom, to paternal advice to students, and to a general discussion of the perennial subject of medical education.

We copy the *British Medical Journal's* advice to the students of to-day who are to be the practitioners of to-morrow:

"Veteran after veteran falls, some with a shout of mourning and a hymn of praise marking their departure and recording their feats, others lost in oblivion, or surrounded only by the few to whom their virtues were known and their labors loved. But the hurrying ranks of young recruits press ever forward: and in the vacancies they see promotion, in the losses opportunity, and in the funeral oration themes for emulation, and the stuff of which ambition's dreams are woven.

This ardor, this courage, these young aspirations and indomitable energies, are the pledge of our future progress. How shall they be directed, and in what corner shall they make their onslaught with the best chance of victory ?' We bid them advance whither science beckons: to turn a deaf ear to the easy and plausible blandishments of the "old fogey" school, who fondly dwell on the simple charms of "practical studies in apprenticeship, and rule of thumb; who talk glibly of the experience of years, of the "skilled finger," the "educated touch;" of the "rule of thumb;" of the "rough and ready" practices of our fathers; of the "changes of type;" of the good "old-fashioned blue pill and lancet;" who eye ophthalmoscopes askance; who "frankly confess" that they look upon the sphymograph as a scientific toy; whose urinary cabinet is confined to a bottle of nitric acid, a spirit lamp, and a specific gravity bulb; who ask what is the use of the laryngoscope to the general practitioner; to whom the globule-counter and the hæmochromometer are as cabalistic enchantments; who feel doubtful about temperature-charts; shirk calculations; and limit their electric enterprise to turning the wheel of a mechanical "American machine" for paralysed patients. These are the signs by which the bad adviser may be known by the young student; and, once recognized, he should be avoided.

It is very well to have opinions; but, after all, it is well to remember the platonic dictum, that opinions are only midway between knowledge and ignorance. What our medical students of the future will need are more facts, and facts are only worth having when they have been tested with accuracy. The immediate future of medicine lies in the application to the study and practice of medicine of instruments of precision, and the introduction of methods of precision. What we want to further progress are no longer guesses in the dark; individual appreciations of long—because merely personally—estimated complex phenomena; we want physicists, chemists, physiologists, mathematicians, and zoologists, who will study healthy and diseased function in man, as it may be studied by persons accustomed to exact methods, precise manipulations, and vigorous reasoning."

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Wayne County Medical Society.—The annual meeting of this vigorous society was held at the residence of the president, Dr. Peter Klein, on the evening of the 6th inst. There were in attendance a large number of members and gentlemen who were present by invitation. The proceedings of the meeting proper consisted of the reading of the usual routine report of the secretary and treasurer, and the annual address by the president. The latter took occasion to discuss the necessity for medical societies from two points of view, namely the scientific and social. Medical men are human in that they are gregarious and love to flock together. The physician who seeks to isolate himself lives in direct violation of a law of his being, a law which like all others has a penalty attached to its violation. The penalty in this case is the deprivation of the broadening influence which comes of man's contact with his fellow, the cheering aid which comes from a strengthening of the bonds of sympathy which naturally in a higher degree bind together members of the same calling. He loses, too, the aid of his brethrens' counsel, and, while he may be egotistical enough to believe that he knows all that is necessary to be known, and at all events that he knows as much as, if not more than, his immediate neighbors, he cannot segregate himself except at the expense of his patients. The address was extempore and being vested with the charm of the venerable president's magnetic and sympathetic delivery was decidedly interesting.

At the close of the formal meeting Dr. Wm. Brodie on behalf of the society, and in a few well-chosen remarks, presented Dr. Klein with a handsome gold-mounted ebony cane, suitably engraved. The token, although suggestive of declining years, was one which it was hoped the medical patriarch would yet be long spared to carry, and one which would recall on each walk in which it accompanied its recipient the pleasant hours of the past year, and stand as an earnest of the feelings which each member of the society entertains towards its respected ex-president.

Following this episode Dr. Klein made a few remarks in grateful acknowledgement of the honor thus conferred and closed by inviting the assembled members and friends into his dining room. This elegant apartment reached what followed must be imagined for we cannot describe it. Suffice it to say that next day those present, notwithstanding an expression which would to an outsider argue to the contrary, declared that they had a "good time," with all that that implies.

Officers of the Wayne County Medical Society for the current year:

President.—Dr. Wm. Brodie.
Vice-President.—Dr. G. R. Richards.
Treasury.—Dr. W. H. Rouse.
Secretary.—Dr. J. J. Mulheron.

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DR. BLISS'S JUSTIFICATION.—Dr. D W. Bliss in his account of the case of President Garfield in the *Medical Record* of 8th inst., gives the following explanation of his sanguine hopefulness and his favorable prognosis up to the time that the President was actually in articulo mortis; his prognosis, it seems, was based on the diagnosed location of the ball, and had no regard to the symptoms:

"I desire to say, in a brief review of the leading facts as to the general conduct of the case, that it has been apparent to the medical reader that my prognosis was favorable, and notwithstanding the mutations I augured a successful termination. It is but justice to myself to state that my prognosis was bases on a lesion of minor importance. Had our diagnosis been correct, modern surgery should have conducted the case to a successful termination. I believe the medical profession, whom I address, will bear me out that the prognosis was correct if the diagnosis had been also correct. I was not always able, during the progress of the case, to account for many of the more profound symptoms, and yet could not succeed in learning of any more extensive or complicated lesions than were first suspected. I desire to make the inquiry whether more extensive explorations could have been safely made, or whether the condition presented—a knowledge of the relative position of the patient to the assassin, the character of the missile, and the condition of the lesion and the symptoms which follow—would have directed the investigation toward the actual track and lodgement of the ball, the track of the ball presenting a course of entrance downward and forward to the point of impingement upon the eleventh rib, and being then deflected to the left at almost a right angle, passing behind the kidney, perforating the intervertebral cartilage and first lumbar vertebra anterior and to the left of the kidney, and finding its lodgement below the left extremity of the pancreas, wounding in its track the splenic artery. I would ask if any known instrument or means of exploration has ever been presented to the profession capable of tracing before the death of said patient the course of this bullet?" Also whether the conditions could have been improved or mitigated, or his life preserved longer by any other line of treatment; whether, in view, of the facts, modern conservative surgery could offer anything more for the comfort or recovery of the illustrious patient?"

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ON THE DIAGNOSIS AND TREATMENT OF GUITEAU'S INSANITY.—The *Arkansaw Doctor*, in a recent editorial on the mental condition of Guiteau, expresses itself as follows:—

"The affection is one of nervous origin, and although the principal functional lesion is in the great nervous centre, the brain, yet like all nervous diseases it may have an anatomical lesion, remote from the functional, and the symptoms, (the aberration) are perhaps only reflex.

The history of the patient under consideration is such as to lead one to suppose that the primary lesion is situated in or upon the cervical portion of the spinal cord, the history of Guiteau being that he had a tendency to put himself forward, or in other words that he had a mania for seeking a position inconsistent with his general qualifications. This, in country parlance, is known as "stiff neck," hence our location of the lesion in the cervical portion of the spinal cord.

Now, since nerve stretching has attained such popularity and recognition from eminent neurologists all over the world, we would modestly suggest a trial of this operation in Guiteau's case; although our knowledge of the operation is altogether theoretical, we would suggest the stretching of the cervical portion of the spinal cord, say about two inches. This, in our opinion, would produce an equilibrium in the nervous system.

This is not, as some might naturally suppose, a dangerous operation; we remember to have seen it performed on several occasions, by operators no better skilled in surgical science than the average sheriff, and we cannot recall a single failure."

THE BLOOD OF SAINT JANUARIUS.—A correspondent of the London *Lancet* gives the following selection from Salverte's "Philosophy of Magic, Prodigies and Apparent Miracles," translated by Dr. Thompson, of London: "In the present day, at an annual public ceremony at Naples, some of the blood of St. Januarius, collected and dried centuries ago, becomes spontaneously liquefied, and rises in a boiling state to the top of the phial which encloses it. These phenomena may be produced by reddening sulphuric ether with orcanette (alkanet root) [*Onosiva* Linn.] and mixing the tincture with spermaceti. This preparation at 10 degrees above the freezing point (centigrade) [F. 50°] remains condensed, but melts and boils at 20 [F. 68°]. To raise it to this temperature it is only necessary to hold the phial which contains it in the hand (or near a lighted lamp) for some time. If a little simple jugglery be combined with this philosophical experiment, the apparent miracle is complete."

"A LAYMAN" contributes the following on a subject which is exciting interest even outside the professional ranks:

This item recently appeared in the *Evening News:* "A few months ago a marriage occurred near Marshall, the principals being a young man with a small amount of money, while the lady was wealthy and was considered quite a catch. The marriage was a brilliant affair. Very soon it became noised about that the wife was disgusted with her husband and had left him. The calender for the September term of court has a case of divorce in which the wife is complainant. The case was called September 29, and during its trial the doors of the court were carefully guarded and no one permitted to enter but witnesses and officers. The grounds for complaint were the man's alleged incompetency and a number of physicians were called from all parts of the state to give testimony in the matter. The judge refused to grant her request, and they must live together for a year before he will entertain any application."

How do you think one of the "Electrical Devices (with scrotal attachment) would work in such a case as this? Perhaps the next time this judge sits in chancery to hear divorce cases, it would be well to have on hand a case of these Devices and have the unhappy litigants fitted out with them.

The discussion of "The Christian Religion," by Col. Ingersoll and Judge Black, which was commenced in the August number of the *North American Review*, is continued in the November issue of that publication. Col. Ingersoll now replies to the strictures of his opponent, and presents much more fully than he has ever before done the logical grounds for his opposition to Christianity. The article will be received with interest by those who have read the first part of the debate as well as by all those who believe that the cause of truth is best advanced by free discussion. An early number of the *Review* will contain an exhaustive reply. In a Symposium on Presidential Inability, four of our most eminent jurists, Judge Thomas M. Cooley, the Hon. Lyman Trumbull, Prof. Theodore W. Dwight, and Gen. B. F. Butler, discuss the several weighty problems arising out of Article 2 of the Constitution. "England's Hereditary Republic" is the title of a significant paper contributed by the Marquis of Blandford, and Senator George F. Hoar writes a statesmanlike article on "The Appointing Power" of the President of the United States.

The *Medical Record* of 8th inst. treats its readers to following: "The beautiful nursery conceit, that the sweet smile of the slumbering infant is caused by the whisper of an angel into its ear, is destroyed by the revelations of unemotional science. Dr. Charles Bell attributes the smile to reflex muscular action due to intestinal flatus, the rotation upward of the eyeballs and the tremulous movement of the lips being due to a far different cause than a communication from the unseen world." That this is quite pretty it would scracely be natural for us to deny, and the readers of the *Record* will doubtless admit its beauty and give that journal credit for saying it in this exact way. The readers of the NEWS will, however, recall the fact that the same thing appeared in precisely the same shape in the August 10th number. We admire our contemporary's taste, even though it overlooks the little courtesy of giving credit.

The *London Lancet* (American reprint,) would exchange with the NEWS if we would give it an "ad. or notice." This reprint is a rehash of the matter which appears weeks, and in some instances months before, in the English edition. It assumes that the American profession delights in such stale provender. It is a monthly publication and the English edition is a weekly. Its subscription price is $5.00, and it gives 80 pages in each number, which is about three times the price which American publishers ask for fresh material pertaining to diseases peculiar to this continent. We do not hanker after the *Lancet*, but if it chooses to send us a copy regularly for this "ad. or notice" we shall be pleased to receive it; it is worth at least a cent a pound as waste paper.

The first announcement of the Baltimore Medical College has been received. This new college is established "in no spirit of opposition to other schools but rather to encourage and stimulate them to increased efficiency. It will seek to elevate the standard of Medical Education professionally and morally, and covets the reputation of becoming a practical Christian Medical School." This Christian lay is a new one in medical schools and its success will be watched with interest. We fail to notice any professorship of Christian ethics on the faculty and presume the subject is to be taught through example rather than precept.

Dr. Bliss in his report of the case of President Garfield states that "the ingesta lying upon the mattress indicated that he had recently vomited." The President is dead and there is no longer any excuse for the ambiguity of language which characterized the bulletins, and if Dr. Bliss means vomited matter he should say so; but if he deems a Latin term preferable to the vernacular let him by all means employ a correct one. The use of the word *ingesta* to indicate the matter lying on a mattress is novel and hardly justifiable under any of the rules of etymology. Material taken into the stomach is ingesta while it remains there, but when it is thrown off it becomes by that act *e*jesta.

The newspapers state that by an agreement had between the physicians having the late President in charge their fees will be as follows: Drs. Bliss, Barnes, Woodward and Reyburn, $100 a day each; Drs. Hamilton and Agnew $1000 for each consultation and $5000 for each operation. Figured on this basis Dr. Bliss's fees will amount to $8000 which, with extra charges for the journey to Elberon, will probably run it up to $10.000. Drs. Agnew and Hamilton are said to have each rendered bills for $32,600 for "consultations, operations and visits."

Dr. Frothingham, in his diatribe says, no charge of animus has been made against the NEWS in connection with the Dr. Joy Electric Device (with scrotal attachment) controversy. Were we to follow his example, and reprint extracts from private, personal correspondence, we could substantiate the assertion that the first greeting our criticism met at Ann Arbor was "animus." Were we, furthermore, driven to it, we might call on Prof. A. B. Palmer to give testimony on this point.

The Concord School of Philosophy gives this answer to the question which has puzzled the ages. What is Life? "Life is a dispersion of the identities and a concentration of the diversities." How strange that life should have remained a mystery so long! What is actuality? "Actuality" says the Concord school, "is the thingness of the here." Now we always imagined that it was the hereness of the thing. Verily, great is philosophy!

Dr. Bulkley of New York hospital announces that he will give his fifth course of lectures on Diseases of the skin in the Pathological Amphitheatre of the institution, lecturing every Wednesday afternoon and commencing October 12th inst. Course of twenty four lectures, free to practitioners of medicine and medical students.

American Medical Bi-Weekly: "Dr. George M. Beard's 'Trained Patient' exhibited by him during the sitting of the International Medical Congress, proved, under the severe interrogatories of Drs. Crichton Brown and Horatio Donkin, to be a 'professional performer' of Edinburgh, Scotland. Dr. Beard was simply swindled by the hypnotic feats of his man Friday,' and was consequently rendered supremely ridiculous."

The following sentence made up of words and phrases culled from Professor Frothingham's blast through the University penny whistle, both gives the gist of the whole screed and illustrates the learned gentleman's style and orthography: "I regard with abhorence the criticism which the mole-eyed Mulheron makes on my fac simile endorsement. It is a slander which admits of no excuse or paliation, and as a representative of reputable medicines I object to his throwing mud at me with his shingle."

Professor Frothingham doesn't like our designating his first reply as an "ingenuous" letter. He apparently does not know the meaning of the word, but evidently thinks it is something bad. Before he again allows his temper to run away with his tongue it would be well for him to consult Webster, likewise a pocket spelling book, also a work on polite language.

In Chicago there are 1112 inhabitants to one regular physician, but lest any should suppose from this statement that there is a lack of doctors in that city, it is further stated that the number of those claiming the title of "Doctor," and actually practicing medicine, changes the proportion of one physician to every 563 inhabitants.

Prof. Huxley says: "The body resembles an army; each cell, a soldier; each organ, a brigade; the central nervous system, a headquarters field telegraph; the alimentary and circulating systems, the commissariat, and in which losses are made good by recruits born in camp; and the life of the individual is a campaign, conducted successfully for a few years, but with certain defeat is the long run."

Dr. Tanner, of fasting fame, was reported as dead some time ago, having departed this life at Amsterdam, Holland. This report is false. The only original Tanner still lives and is even now in training for a fifty day's fast. He pronounces the report of his translation to victualless realms as an Amster*dam* lie.

Is the University of Michigan a private enterprise, run for the glorification of a few individuals, or is it a state institution, and each professor a servant of the people? It looks as if in some of its departments the professors own the institution.

The *New England Medical Gazette* is authority for the statement that a down-east doctor vainly strove to dilate the anus of a fœtus under the impression that it was a rigid os uteri. There are some who would call that a fundamental blunder.

Prof. Bell's induction balance is now running the gauntlet of the witty newspaper paragraphists. One says it was tried on a Philadelphian politician whose brains it located in his stomach and thinks from this that the instrument should not yet be discarded as unreliable.

A western reporter in his account of a free fight says: "Col. Bagger was shot once in the left side, once in the shoulder and once in the drinking saloon adjacent."

The *Pittsburgh Medical Journal* enjoins its correspondents not to write "lony" articles. This is probably a typographical error. It probably meant "tony."

The voice of a ten-ounce baby is said to be waking the echoes in Maryland. They lay it to the drouth.

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Book Notices.

Ovariotomy during Pregnancy. By H. P. C. Wilson, M. D., Baltimore. Reprint from Volume V Gynæcological Transactions.

The author says, "I am firm in my opinion that where pregnancy supervenes on an ovarian tumor so large as to endanger the life of the mother before she can reach term, it is better to perform ovariotomy within the first three or four months after conception than to tap, or use temporizing means in the effort of carrying her to term. It is best in the interest of the mother and in the interest of the child." He cites cases from his own practice and from that of other gynæcologists in support of this proposition.

Uterine Dilatation with a new Instrument. By H. P. C. Wilson, M. D., of Baltimore. Reprint from American Journal of Obstetrics and Diseases of Women and Children.

Female Diseases; the result of Errors in Habit and Hygiene during Childhood and Puberty; with remarks on the Treatment of Rachialgia with igni-puncture (Pacquelin's Cautery). By R. J. Munn, M. D., Savannah, Ga. Reprint frim the Transactions of the Georgia State Medical Society.

This pamphlet is a readable presentation of the causes which are recognized as both predisposing and exciting to uterine disorders. We object only to its use of such terms as "parous," "habitude," "os laxum vaginæ," etc., words either obsolete or manufactured for the occasion, and whose meaning can be comprehended only by reading the context. It is a mistake to suppose that the use of foreign and manufactured terms to define conditions which are much better expressed in the vernacular, is an evidence of scholarship. It is pedantry.

Chronic Pelvic Abscess. A Contribution to the Differential Diagnosis of Abdominal Tumors. By A. F. Erich, M. D., Professor of Diseases of Women, College of Physicians and Surgeons, Batimore. etc.

The author advises that in all cases of abscess, the cavity, after evacuation of the pus, should be kept constantly drained by a syphon drain, and daily washed out with antiseptic solution. By means of the syphon drain the entrance of air is prevented rom without, and hence decomposition of the pus and septicæmia cannot take place. Obliteration of the cavity is also secured more rapidly in consequence of the constant and complete evacuation of its contents.

Diphtheria, its Restriction and Prevention. A document issued by the State Board of Health, of Michigan.

This pamphlet is printed for distribution and ought to be placed in the hands of every citizen, professional as well as lay. It contains some good advice in concise form. Copies may be secured by addressing the secretary of the State Board of Health, Lansing, Mich.

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Original Articles.

Typhus and Typhoid.

BY E. HALSEY WOOD, A. M., M. D., HERSY, MICH.

In a former article published in this journal, I gave it as my opinion that "the medical mind is incapable of distinguishing between typhus and typhoid fevers."

In proof of the assertion, I cited 66 cases reported by Dr. Jenner in 1846, of which 23 were typhoid, and 43 were (probably) typhus. The difference between these cases was only determined by post-mortem examination. In accordance with the teachings of medical science, a correct diagnosis of disease should be made at its onset: and it seems unfortunate that the difference between these two diseases can only be fairly made out by the revelations of an autopsy.

I propose in this article to adduce additional proof of my original assertion, and to point out clearly and succintly the means of differentiating these diseases from each other.

In *Walsh's Retrospect* for July, 1881, I find two articles, one on "Typhus Fever," by Alfred L. Loomis, M. D., of N. Y., and the other, "On the Treatment of Typhoid Fever," by L. S. McMurty, M. D., of Ky. It seems strange, but these two gentlemen are considering the same disease, as will appear by contrasting their utterances:

TYPHUS—LOOMIS.	TYPHOID—M'MURTY.
Typhus fever is regarded as the result of a morbific agent, or poison, and typhoid is not to day thought to be caused by a specific poison, and is therefore not contagious.	Typhoid fever is never of spontaneous origin, but is produced by a specific poison, which always comes from some one suffering with this specific fever.
Fresh air is, I believe, the only agent that has a neutralizing power over the poison.	It is generally conceded that we have no antidote to the typhoid poison.
If the temperature reaches 105° or 106°, place the patient in a cold bath to reduce the heat of surface.	When the temperature reaches 105° or 105.5°, the cold bath must be resorted to as an antipyretic measure.
Of all articles of diet, milk is the best.	Milk is *the article* of diet in typhoid fever.
Signs of heart failure begin to develop, as indicated by a feeble and irregular pulse.	An irregular and feeble pulse, with coolness of extremities, denote failure of the heart power.
There are chasms over waich patients with typhus fever have to pass, and you may, by a judicious administration of stimulants, carry them over.	For the relief of this condition, alcohol is the remedy. Just at this stage is often the critical point, and the use of alcohol may safely tide the patient over.

These writers differ on two points. Dr. Loomis says: "Constipation is present during the whole course of the fever;" and "there is no danger of intestinal hemorrhage in typhus fever." Dr. McMurty says: "Diarrhœa is one of the most frequent, troublesome, and dangerous symptoms;" and hemorrhage of the bowels in typhoid fever is always an alarming symptom, and is not of infrequent occurrence."

On the evening of May 19, 1881, Dr. Edward G. Janeway read a paper on "Typhus Fever in New York," before the New York Academy of Medicine, from a report of which I extract this statement: "Of the cases sent to the hospital as typhus, some had proved to be other diseases, as phthisis, pneumonia, meningitis, pleuritis, small-pox, scarlet fever, syphilis, malaria, etc."

An epidemic of what was termed typhoid fever occurred in Denver, Colorado, during the summer and autumn of the years 1879 and 1880, a report of which, by Dr. H. A. Lemen, is before me, and I will copy from it to show that the epidemic was clearly one of typhus. The epidemic was attributed to three potent causes, to-wit, foul air, filth, sodden soil and polluted water

In reference to foul air it is stated: "The atmospheric conditions which prevailed at Denver during the greater part of the summer and autumn of 1879 were peculiar, and long to be remembered. The heavy damp snows which are usually precipitated in March and beginning of April, were wanting. There was more than an average of rain fall in May. The sprightlier thunder showers and hail storms of June and July, were almost entirely wanting."

In addition, the sources of water supply for domestic uses were polluted by sewerage from the streets of the city; and the soil was said to be "filth-sodden" from contamination by cesspools and privies.

But it is from the enumeration of the symptoms alone that the disease must be judged. And these are given as follows: ' Early spontaneous diarrhœa, appalling hemorrhages from the bowels, an eruption mainly on the abdomen and chest, of a purple hue, resembling the symptom characteristic of measles, and which was usually associated with a purplish hue of the lips and finger tips, and a dusky hue of the countenance."

"The latter cases were very suggestive of typhus fever," continues Dr. Lemen, "but as a number of them had intestinal hemorrhage or diarrhœa, and as the prevailing epidemic was unquestionably typhoid; and, furthermore, as the disease did not attack the attendants, whether nurse or physician, they were considered well marked cases of ataxic and adynamic typhoid fever."

On page 8 of the report, Dr. Lemen says: The disease was not diagnosed positively until a group of characteristic symptoms presented. There are said to be "headache, sleeplessness, spontaneous diarrhœa, and hemorrhage from the bowels." "In a few cases a purplish or livid eruption was extensively diffused over the chest and abdomen, which cases were marked by frightful hemorrhages from the bowels."

Post-mortem examinations of typical cases were made, and there was found extreme congestion of the mucous surface of the intestinal tract for a long distance above the ileo-cœcal junction, and general engorgement of the abdominal organs.

Dr. Lemen addressed inquiry among the leading phpsicians, asking them to give their estimate of the number of cases of typhoid fever during the years 1879 and 1880 in the city of Denver.

It is gratifying to observe that one physician, Dr. W. F. McClelland, answered: "I should say a very few cases of pure typhoid fever prevailed in either of the years named."

Dr. Loomis, in the paper referred to, says: "The pathological lesions which you will find at the post-mortem examination will decide the differential diagnosis positively."

Dr. Lemen's report is the history of an epidemic of "typhoid" fever. How utterly erroneous is this diagnosis of the disease which prevailed in Denver during those years the foregoing extracts clearly show. The description of the disease bears out this opinion, especially in the single symptom of the "mulberry rash," which is pathognomonic of typhus alone, and confirms the view previously expressed by the writer, that "in this country typhus seldom presents any mulberry on diagnostic rash," for the report states this was present but "in a few cases."

It would seem that the post-mortem appearances ought, according to Dr. Loomis, to have decided the matter positively. But the congestion and general engorgement that are present are recorded as verifying the diagnosis of "typhoid." Examinations were made in a sufficient number of instances, it is stated, to set at rest all cavil concerning the nature of the disease.

The congestion and engorgement are the characteristic appearances of typhus, and not of typhoid. I have no hesitation in expressing my firm conviction that the epidemic which prevailed in Denver during the years mentioned, was an epidemic of typhus, and I cite the history of it as confirmatory of the opinion given at the beginning of this article. The report is interesting in that it makes no mention of a specific cause of the disease, but attributes the epidemic to the influence of a number of special factors of causation. This is a recognition of the doctrine that this class of diseases is due to the environment of the individual.

But if in a city of 40,000 people, with more than 200 physicians, such a tremendous error is possible, how much more likely is it to occur in the rural districts of the country, where typhus occurs sporadically every season. The truth is that the error is committed in 99 cases out of 100, throughout the whole extent of the country, owing to the lamentable ignorance of the profession, and their consequent inability to differentiate between these two diseases. To correct this error, to supply this deficiency, and enable the practitioner to positively recognize the two diseases, a schedule of their symptomatology is herewith given:

TYPHUS.	TYPHOID.
Is a hyperthermy.	Is a fever.
Is a congestive disease.	Is a disease of inflammation.
Is a ganglionic disease, and is due to gangliasthenia.	Is (probably) a cerebral disease, and due to cerebrasthenia.
Symptoms.	*Symptoms.*
Frontal headache.	Headache, not frontal and slight.
Insomnia.	
Bad dreams.	Sleep not disturbed by dreams
Weariness.	Debility, and not a tired feeling.
Asthenopia.	Vision not blurred.
Pain at the nape of neck, running to base of brain, and thence to frontal region.	None of this pain in typhoid.
Pain at sacro-spinal junction.	Pain in lumbar region.
Extremities cool.	Extremities hot.
Hands congested, and at length sweating, giving the "washerwoman's hand."	Hands dry and of natural color; no "washerwoman's hand" in typhoid.
Hemorrhage from bowels due to congestion, usually copious, and rarely absent.	Intestinal hemorrhage rare, and if it occurs, is due to ulceration.
Pain in long bones due to congestion of medulla.	No pain in the medulla of the femur or tibia.
Conjunctiva conjested.	Conjunctiva clear.
Anorexia, or nausea, or vomiting.	Anorexia, nausea seldom, and vomiting never.
Countenance a darkish red, or of a dusky hue.	Cheeks slightly hectic, never dusky.
Nails purple or dark red.	Nails of natural hue.
Patient apathetic.	Patient capable of emotion.
Patient restless.	Patient stays in bed.
Occurs during late summer and autumn usually, but may prevail at any season.	Most frequent during winter months.
Post-mortem reveals general congestion.	Post-mortem discloses the characteristic pathological lesions, and no congestion.

The view here given, and previously expressed in relation to typhus, is greatly at variance with accepted opinion on the subject. The question as to which is correct can be very readily tested. It is said there is a poison which causes typhus, and that there is no antidote to it.

Dr. McMurty, in the paper referred to, says: "The patient at the onset of the disease thinks that he is suffering from cold or disordered digestion (biliousness), and will endeavor to throw off the headache and malaria by purgative medicines and exercise.,'

If Dr. McMurty or any other man will at this stage of the disease ask his patient a few questions, such as these: Do you feel weary? Do you sleep badly? Do you have bad dreams? Do you have pain over your eyes? Do your eyes blur? and if these questions are answered in the affirmative, and if then he will prescribe bromide of ammonium in full doses, he will find that he has an antidote to the poison (so-called), and eventually he, and every man who so prescribes, will conclude that there is no poison in the case, and that typhus is a ganglionic disease. When this conclusion is arrived at, medical men will be able to differentiate the two diseases, and the dictum at the beginning of this article will then be untrue. The cause of the reproach will have been wiped out.

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Ulcer of Leg, Clinical Lecture in Michigan College of Medicine Hospital.

BY PROF. HAL C. WYMAN, M. D.

This young man, gentleman, is 19 years of age, has been industrious and of good habits, he tells us. Most men when questioned in this respect answer as he has answered, so we must be more direct in our examination. He says he has always been well until the present illness; has drunk beer and whisky occasionally, and "once in a while has spent a night with the boys." You know what that means. He has never had a sore on the penis but has twice had gonorrhœa, and recovered he thinks perfectly. About two weeks ago his right leg just above the ankle began to pain him and marks appeared on the front of leg over spine of the tibia and upon the outer side of the calf. These marks have developed, he says, into the unsightly sores which he has exposed for your inspection. You observe that the largest sore is located about four inches above the ankle on the front part of the leg, and is fully as large as a silver dollar. Its surface is a dull ashen color with here and there (if you look sharply) red spots. It pains him so that it is impossible for him to work. The smaller sore is on the outside of the leg and is quite similar in color to the large one but does not pain him so much. The red spots are absent.

This is a case of ulcer of the leg and in order to treat it successfully we must study its history, past and present carefully. We notice that the leg looks swollen when we compare it with its fellow, and the veins we find are tortuous and larger than usual. He tells us in reply to our inquiry, that just before he noticed the pain and redness he was at work in muddy water and that his boot leaked so that the mud and water got in and chafed him. That is probably the immediate cause of these ulcers. His sock protected the foot and lower part of the leg but settled in such a way that these diseased parts were exposed to friction by the wrinkles in the boot leg. The irritation was, of course, augmented by the sand and grit of the muddy water. You see how the accident occurred.

Now, why did the leg not get well as you have seen such simple things heal a thousand times? We must look for some predisposing tendency to ulcer. We learn that his father had a fever sore; we presume it was a chronic ulcer of the leg. Varicose veins, such as you see in this case, predispose to ulcer of the leg by hindering the nutritive reparative process in the limb, and his father's ulcer might have been of the varicose variety.

Thus we have already two predisposing causes, heredity and varicose veins. We need not go farther; enough is apparent to justify us in examining the ulcer from another standpoint. It is only fair for us to assume that nature is doing all she can to heal these sores; but she has thus far signally failed, and let us see if we can determine why.

I called your attention to these varicose veins and to these red spots on the surface of the ulcer; the latter we will examine. Now when I rub my finger across the diseased surface you observe that certain spots are more sensitive than others; friction of these red spots causes acute pain; he winces and pulls the limb away. That brings out a point that is often overlooked in the treatment of these cases. The red painful spots are sensitive because the papillary terminations of certain cutaneous nerves are exposed by the ulcerative process; and thus the sore gets a peculiar irritable quality which retards healing. Two facts must be considered in the local treatment of this ulcer, viz.: we must overcome the varicose or weakened veins of the limb, by applying support to the walls of the veins by means of a rolled bandage, and counteract by some means the irritable quality imparted to the ulcer by the denuded nerve ends. Some surgeons advise for this purpose section of the cutaneous nerve trunks which communicate with the ulcer, and with that object in view make an incision through the integument completely encircling the ulcer. Painful or irritable ulcers of the leg often heal quickly after such treatment. In the present case we expect to accomplish a cure by less severe means. We will relieve the pain and irritability by applying adhesive plasters to the limb in such a way that the edges of the ulcer will be, in a measure, approximated, and the granulations crowded over the exposed nerve endings so as to protect them from air and friction. To dress an ulcer of this size in the way indicated you may cut strips an inch wide of the common surgeon's plaster, (Diachylon), long enough to reach once and a half around the leg. Then elevate the leg so as to take off much of the blood pressure and apply the strips one after another from below upwards in such a way that the ends will cross obliquely on the front of the leg and by pulling on the end the edges of the ulcer be made to approach. Apply simple cerate as a daily dressing to the raw surface, and roll snugly from ankle to knee a strong flannel bandage. I have found flannel bandages three inches in width and ten feet long to answer better in these cases than the elastic rubber or old linen or cotton. They are sufficiently elastic to feel comfortable and are not unpleasantly warm.

Expediting Natural Labor.

BY F. A. SPALDING, M. D., PROFESSOR OF CLINICAL OBSTETRICS, DETROIT MEDICAL COLLEGE.

Your issue of the 10th inst. contains certain comments upon a lecture delivered by myself upon the subject of "Natural Labor," as published in the *Indiana Medical Reporter*, which, though friendly, bears an incredulous tone in reference to some statements made, and which I feel, therefore, demands in justice to myself, that it be not allowed to pass entirely unnoticed.

In the first place it is presumably understood that the report given was only a brief, fragmentary extract of the lecture in question and does not relate all the expedients by which I obtain the results claimed; but every statement contained therein I am fully prepared to substantiate. No statements were made carelessly, or with a desire to exaggerate, neither claiming any personal superiority. I modestly, but positively, "speak that I do know and testify that I have seen."

It can, and I am confident *will* be verified by any one making a fair trial of the measures indicated, which I most earnestly invite the profession to do. Again, I submit that it does not militate against the truth of any system or innovation in science, because it is contrary to the existing practice or accepted opinion of the day.

I have not proposed in this letter to enter into any detailed explanation of the expedients mentioned, for it has already been given the profession in an article in the *Detroit Lancet*, September, 1878, and perhaps more fully in an article forthcoming in the *Western Medical Reporter*, as a reply to comments made therein. Meanwhile, I desire it to be remembered that in the lecture referred to I was speaking of natural labor which presupposes the absence of all complications, the existence of which would render the labor preternatural. My direction, therefore, in reference to the use of ergot, implies all things being natural, with, as stated, sluggish, inefficient pains. I use ergot, or its class, with discretion in connection with other expedients named, sufficient to bring the pains up to par, and hold them there. Notwithstanding, I regard the so-called uterine motor stimulants as the least valuable of the measures indicated in accomplishing that result. Pressure upon the uterine neck with every pain, rupture of the membranous sac evacuating the liquor amnii, external pressure upon the fundus of uterus during pain, will each be found far more reliable in stimulating uterine contractions. Lastly, I ask you particularly to notice that it is during the first stage of labor that I gain my time, a period during which the majority of practitioners do nothing but wait, for I claim that he who rests with folded hands during this first stage of labor, loses his best chance of aiding and facilitating labor, and I only ask that any one disposed to doubt that the measures indicated will produce the results claimed, will, before he denies it, simply try it and see.

Case of Trismus Nascentium.

REPORTED BY CHARLES L. GWYN, M. D., COURTNEY, TEXAS.

July 24. 1880.—I was called this morning to see the infant child of C. R., age less than one day, and found it suffering from lock-jaw and spasm of the muscles of the right side. The posterior fontanelle was nearly closed, and I could feel the borders of the parietal bones overriding the occipital bone. The child had attempted to nurse but once, immediately after birth, and had the peculiar whining cry of children in its condition.

I used Dr. Sims' procedure of placing the child on its side, relieving the occiput of pressure, and ordered 1 gr. potassium bromide every hour to control spasmodic symptoms.

July 25.—Visited the child this morning and found it much better. The midwife, who is a woman of much more intelligence than is usual to women who follow the business, informs me that the child became quiet shortly after I left, has nursed several times, has had several stools from the bowels, cries occasionally, and has a slight quivering of the muscles of the arm and leg of the right side; sensation does not seem to be impaired on either side; nervous symptoms yield readily to the bromide.

July 26.—Child much better; spasmodic contractions of the muscles diminishing; sleeps and nurses well; posterior fontanelle of normal size. I leave the case in the nurse's hands, with directions to recall me if necessary.

This is the seventh case I have met with within the past five years, resulting in five recoveries and two deaths. One case of death was clearly due to carelessness of the nurse and disobedience of orders. In the second case, all means to displace the impacted occipital bone proved unavailing, and the child lingered for ten days, with all the symptoms of moderate pressure upon the medulla oblongata.

Selections.

Changes in Milk from Maternal Causes.—In the course of a paper devoted to an Experimental Inquiry into Human Milk, published in the *Practitioner* (London), Dr. Thomas M. Dolan lets drop the following practical suggestions:

1. *Influence of the Age of the Mother or Nurse.*—In selecting a nurse, most modern writers upon midwifery recommend the selection of a sound, country-bred woman, from the age of 20 to 30. In this they follow the advice of the old writers, as Ætius, Paulus Ægineta, Van Swieten, Levret, Mauriceau, Donné, Bouchut, Lévy. This period of life, from general considerations, is no doubt the best for the performance of maternal functions.

2. *Age of the Milk.*—The question of the influence of the age of the milk, as regards the nursing, has given rise to the most varied opinions. The best rule to follow in choosing a nurse is to select one who has been confined, as near as possible, to the time at which the mother has been confined; thus the milk will be more suitable for the wants of the child.

A great difference exists between the milk of the first month and that of succeeding months. The milk when first secreted is more viscid, irritative, and in many cases acts as a laxative, and is distinguished by the presence of colostrum corpuscles, about which there exists the greatest diversity of opinion, and of which Donné is said to have been the discoverer.

3. *Constitution of the Nurse.*—The constitution of the nurse has a most important influence on the composition of milk, and all accoucheurs agree on this point.

We can judge of the general health of the person selected by appearance, family history. Preference should be given to a country-bred woman, between 20 and 30 years old. A physical examination must be made so as to detect any hereditary taint, and the mammæ must be inspected, not only as regards the secretion, but as to the state of the nipples.

The free and easy carriage of the country-bred woman, her muscular development, ruddy or bronzed complexion, and well-rounded breasts, afford easy indications of capacity for nursing; and one very valuable sign as to the state of the health may be derived from the state of the teeth, which should be sound.

We have alluded to the influence of the mind on milk, and the effect of anger and ill-temper upon the secretion, so that moral influences should not be neglected. It is therefore important to secure a good-tempered, kind, affectionate woman, and much may be learned from physiognomy.

One golden rule should be observed as to the diet of hired nurses, viz., it should approximate as closely as possible to their previous condition of life, and the part of the country from which they come, while at the same time they should be allowed exercise according to their previous habits.

Though we would look out for all the above physical characteristics in a hired nurse, yet it does not follow that spare, thin, wiry women are unfit for the duties of nursing. I have known some of the healthiest infants who have been nourished by women whom I would not have selected for the office, but in whom the milk secretion has been plentiful and good.

4. *Number of Children.*—The primipara is new to her duties, while the multipara is more experienced in the management of the newly born child. Hence preference might be given to the latter.

Is there any great difference between the composition of the milk?

Tables of comparison by Vernois and Becquerel and Dolan and Wood, are here given, which show no materia difference between the milk of multipara and primipara.

5. *Gestation.*—Authors are almost unanimous in rejecting pregnant women as nurses, and by the French code they are forbidden to take charge of a nursling under penalty of a fine.

There is no satisfactory evidence to prove that the milk of a pregnant woman is injurious, and the objection arises from a sentimental feeling about the impropriety of such a practice. I have known a large number of mothers who suckle their children while pregnant, and their childaen have thriven well, and although I would not recommend as wet nurse a pregnant woman, yet I would not prevent a mother suckling her own child.

The question arises, what effect has such a practice upon the fetus? Is the fetus injured? When born, is there any indication that it has suffered? Is it dwarfed, puny, or deformed in any way? I have not found any bad results. The child has been of usual size.

6. *Size of Mammæ.*—We very frequently find that

a woman with very large breasts does not secrete as much milk as a woman with comparatively small ones, the size of breasts being caused by an excessive deposit of adipose tissue; so that as regards the composition of milk there does not exist much difference. It is well to select a nurse with moderately developed mammæ, which have a firm elastic feel, without too much fat.

7. *Alteration produced by the Time the Milk remains in Mammæ.*—Some of the principal constituents of milk are in solution, some in suspension; and hence from the mechanical disposition of the milk in various animals there is a difference between the milk first drawn off and the last.

The udders of the cow, goat, and ass are dependent like a vase, and the butter rises to the upper portion when the milk has been long retained: hence in the last part drawn off there is a larger proportion of butter.

Upon the other hand, the breasts being differently placed in the human subject, there is but little difference between the first and the second portion, though some chemists maintain that the same results are obtained as in the cow, goat, and ass, the last portion drawn off being richer.

8. *Menstruation.*—During suckling the menses are usually absent, though this is not by any means an invariable rule; as I have known a good number of mothers who have menstruated regularly after the second month, and who have suckled their children without any injury to the child's health. Authors are divided as to the influence of menstruation upon the milk, and, as a rule, we would not recommend a nurse who is liable to menstruate. The menstrual process is attenned by a certain amount of waste, pain, depression, in some cases by loss of appetite, and this must react upon the milk secretion.

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LACERATION OF THE CERVIX UTERI.—In the *New York Medical Journal and Obstetrical Review* for September, 1881, Dr. Charles Carroll Lee, surgeon to the New York State Woman's Hospital, indicates the proper limitations of Emmet's operation for laceration of the cervix uteri. Little heed, he remarks, was paid at first to Dr. Emmet's suggestion of the pathological importance of lacerations of the cervix, and of the desirability of treating them by operation in certain classes of cases; but, after Dr. Emmet had, on a subsequent occasion, more fully demonstrated his views, it soon came to pass that the operation of trachelorrhaphy was performed in the most trifling cases, and advised in conditions entirely unsuitable for it. Hence an unjust obloquy was thrown upon it, and in many European countries, England in particular, it is still regarded with disfavor. One of the immediate results that occasionally follow cervical laceration is post-partum hæmorrhage, and the author thinks it may be fairly questioned if the puzzling cases in which hæmorrhage goes on, in spite of firm uterine contraction, are not always of this nature. He gives full credit to Dr. Pallen for his observation and teaching in regard to this aspect of the matter, and then passes to a consideration of the conditions that demand the performance of the remote operation, together with those that contra-indicate it. In many cases of notable rents of the crevix there is no indication for operative interference. The obvious or ascertained pathological influence of the laceration —not its extent or size—should be our guide for its treatment. If it presents a cicatrized surface, and if there is no hyperplasia or inflammatory condition of either the neck or body of the uterus, a surgical operation would be absurd, even though the rent were bilateral, and had divided the cervix up to the vaginal insertion. If, on the contrary, the laceration is unilateral only, and comparatively small in area, but with a raw, unhealed surface, and associated with either cervical or corporeal metritis, it is absolutely certain that the inflammation will never get well until the laceration is cured, although the symptoms may be overcome for the time being. Still more pointedly may this be said of extreme cases of bilateral laceration with extensive eversion of the cervical canal, with or without cystic degeneration. A much more limited class of cases is that in which the laceration has healed, leaving the cervix tough and nodular, and the angles of the rent filled with cicatricial tissue, in which nerve filaments are often caught and compressed, causing excessive reflex irritation of the uterus and of the general nervous system. The test of such a case is the sudden pain, like a toothache, which pressure with the finger in the angle of the tear generally gives. In such cases the operation is speedier and more thorough than other measures in destroying the "cicatricial plug," never having failed, in the author's experience, to yield a most satisfactory result. While thus warmly urging trachelorrhaphy in proper cases, Dr. Lee defines no less positively the conditions that forbid its performance. Parametritis is undoubtedly a bar to the operation; and yet, he adds, how often are we asked to operate or to sanction an operation while the pelvis is still half filled with an inflammatory deposit of lymph! Of the importance of pelvic peritonitis less need be said, partly because opinions differ as to whether this condition can be separated from parametritis, and partly because the objection raised in the former inflammation would lie equally in this case. As inflammatory fixation of the uterus is, however, peculiarly characteristic of pelvic peritonitis, its existence in any form should be deemed an insuperable barrier to the operation. Endometritis and acute trachelitis also contra-indictate it, as well as all conditions of extreme impairment of the general health, except such as may reasonably be presumed to depend upon the laceration itself or upon the uterine disturbance that is kept up by it.

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THE MODERN REMEDIES FOR PERTUSSIS.—Prof. Otto Heubner, of Leipzig, has prepared a statistical table of the effects of some of the modern remedies for whooping-cough, basing it upon as nearly accurate observations as possible. He also places his parallel studies on a level with the methods prescribed by Liebermeister, where, though not complete, it is possible, with a smaller number of cases, to compare the two methods of treatment. In one column of the table the author gives an analysis of the effects of the bromide of potassium, quinine, chloral hydrate, salicylic acid and belladonna. The comparative value of potassium bromide is shown by a comparison of twenty-three uncomplicated cases. In one of these was the duration of the disease shortened by the remedy, but, on the other hand, in a limited number of cases (nine times in twenty-three cases), the intensity of the paroxysms as well as their frequency was diminished.

Of quinine (administered internally in small doses, not exceeding 0.3 per day) Heubner observed that three times in eleven uncomplicated cases, an abbreviation of the duration of the disease, while the paroxysms also in five cases underwent a favorable resolution.

Chloral hydrate was given internally in two cases, in divided doses; in all the rest by one enema daily, containing a larger quantity (0.3–0 1). The result of this remedy stands in close relation to that of quinine, in so far as a diminution in duration of the disease was observed only twice in ten cases, while a desirable resolution of the individual paroxysms took place six times, and even to a greater degree than under the treatment by quinia.

The salicylic acid was given internally but once, being administered at other times by inhalation of a one-half to a one-third per cent. solution three times daily, in the dose of thirty grammes, by means of Siegle's apparatus. In the seventeen cases thus treated the effect upon the length of the disease was very unimportant, since only twice could a positive shortening be credited to it. The alleviation of the paroxysms, on the other hand, yielded to the treatment very gratifying results; for, ten times in the seventeen cases, the diminution of the severity or of the frequency of the seizures was very striking. It was, in fact, at one time the intensity, at another the frequency which was so favorably reduced, without any perceptible change in the other factors of the disease.

Belladonna was for the most part administered in the form of the powdered extract, and in a few cases in the form of the powdered leaves, the daily dose being 0.15—0.3. and in eight uncomplicated cases, besides the immediate checking of the paroxysms, the duration of the disease itself was cut short by the remedy, the attacks becoming also milder.

Without entering into a discussion of the author's detailed statements and his very plausible calculations, which moreover are very interesting, his statements resolve themselves thus: For the alleviation of the paroxysms, the inhalation of the salicylic acid and the chloral hydrate promise the most positive results. For the abbreviation of the entire disease, the greatest benefit is to be expected from belladonna and quinine. Still these results were to be considered only relative.—*Wiener Medizin Wochenschrift.*—*Cincinnati Lancet and Clinic.*

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Rectal Exploration and Diagnosis.—Dr. Charles B. Kelsey, of New York, contributes an article to the *New York Medical Journal and Obstetrical Review* for October, 1881, which contains several valuable suggestions and the description of some method, which are original. After referring to the many errors which arise in this department of surgery from the lack of care and proper examination, he goes on to answer the question of how to make a rectal examination which shall be at the same time thorough and as free from pain as possible. In his own practice he uses an artificial light of his own arrangement and a forehead mirror, which enable him at all times to illuminate the rectum thoroughly, while by the side of the examining table stands an instrument-case fitted with all necessary appliances. In addition to these things he insists strongly on the necessity of having a water-closet communicating with the office, so that injections may be administered and the bowels moved at the time of the examination. In the matter of specula he confines himself almost exclusively to Sims's, finding this the best of all after the sphincter has been stretched, and not finding any that give a fair view of the parts until this has been done. He relies, however, much more upon the finger for a diagnosis than upon any artificial helps, and claims that with it, after the necessary skill has been acquired, the slightest pathological changes may be detected. In the matter of of bougies he also has his own preference, and recommends a soft-rubber instrument, similar to that of Wales, only more flexible. For detecting strictures high up in the rectum or in the sigmoid flexure little confidence is to be placed in a bougie of any sort, and the writer relies almost entirely upon manual examination either through the abdominal wall or by passing the hand into the rectal pouch. The latter method he holds to be free from danger and certain in its conclusions.

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The Administration of Purgatives by Hypodermic Injection.—Much attention has been directed in Germany and Italy to finding some means of replacing tartar emetic, ipecacuanha, and saline and vegetable purgatives of all kinds, by simple hypodermic injections of apomorphia and aloin (the alkaloid of socotrine aloes). Just as with a subcutaneous injection of apomorphia effects of nausea and vomiting have been obtained, so with a warm aqueous solution of aloin (one twenty-fifth) injected in the thigh or forearm, there have soon been produced true symptoms of purgation. In these cases the remedy does not act by direct contact with the gastro-intestinal mucous membrane. These, as the *Paris Médicale* says, are very singular facts which call for serious study and verification.—*Med. Press and Circular.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Malaria, Is it an Entity?

This question is one which has, since the days of Lancisci, engaged the attention of the medical profession, at times having much thought, research and experiment devoted to its solution, and again, as if through sheer exhaustion of the forces directed towards it, the efforts to solve it have been desultory and vapid. The present is a time in which the attempts are more persistent and direct than at probably any previous period.

The experiments of Klebs and Tommasi Crudeli, made in the vicinity of Rome, from which they announce the discovery of a Bacillus malariæ as the poisonous entity of malaria, are those which have recently excited the most attention. This claim was considered of sufficient importance to warrant our National Board of Health in instituting experiments with a view to determining its correctness, and George M. Sternberg, Surgeon, U. S. A., was detailed, February 4, 1880, to conduct them. Dr. Sternberg devoted his time almost exclusively to the work during the months of September, October and November, 1880, and submitted his report, which appears in the form of a supplement to the National Board of Health Bulletin of July 23rd last. This report is very full and shows the work to have been performed with singular care and attention to detail. Its conclusions are negative of the results claimed by Klebs and Tommasi-Crudeli although the identical experiments which these gentlemen performed were duplicated with all possible exactness.

Klebs and Tommasi-Crudeli claim to have cultivated the so-called bacillus malariæ in fish gelatine, and by injecting this into rabbits produced a septic process which resulted, as observed post mortem, in an enlargement and modification of the form of the spleen similar to that occurring in spontaneous malarial infection. Dr. Sternberg failed to detect any such change and attributes the enlargement noted by Klebs and Tommasi-Crudeli, to that of the natural growth in the young rabbits experimented with, in which the growth of the spleen is rapid and in which the weight of the organ bears normally a larger proportion to the weight of the animal than in the full grown rabbit.

Another sign which the Italian observers have noted as characteristic of malarial infection, is a black pigment which they found in the spleen and throughout the bodies of the rabbits. Dr. Sternberg found this pigment in abundance in the spleens of septicæmic rabbits in which there could be no suspicion of malaria, *e. g.*, in rabbits which died in Philadelphia, in January, and in Baltimore, in April, as the result of the subcutaneous injection of human saliva.

In regard to the bacillus malariæ itself, Dr. Sternberg says that he found, in the swamps of malarial districts near New Orleans, bacilli and minute filamentous algæ resembling the different forms figured by Klebs and Tommasi-Crudeli, but sees no good reason for conferring on these particular forms the special distinction of being named *Bacillus Malariæ*, in preference to any other of the minute vegetable organisms with which he found them to be associated.

The following are, briefly, Dr. Sternberg's conclusions:

A great number of minute algæ, including bacteria of various forms, are found upon the surface of swamp-mud in the vicinity of New Orleans, and also in the gutters within the city limits.

Many of these forms may be successfully cultivated in fish gelatine solution (method of Klebs), and this fluid, previously innocuous, acquires pathogenic properties as the result of inoculation with these organisms.

It is evident that the pathogenic properties acquired by gelatine solution and other organic liquids after inoculation with bacterial organisms, is due, directly or indirectly, to the presence of these bacteria, for, if they are excluded, such fluids may be kept indefinitely without undergoing change, and are innocuous when injected beneath the skin of a rabbit.

Some of the organisms found in swamp-mud, in gutter-water, and in human saliva are capable of multiplying within the body of a living rabbit, and the fluids and organs containing them (blood, serum from cellular tissue, spleen, &c.), possess virulent properties. In other words an infectious disease is produced which may be transmitted from animal to animal by inoculation.

Among the organisms found upon the surface of swamp-mud, near New Orleans, and in the gutters within the city limits, are some which closely resemble and, perhaps, are identical with the *Bacillus malariæ* of Klebs and Tommasi-Crudeli; but there is no satisfactory evidence that these, or any other of the bacterial organisms found in such situations, when injected beneath the skin of a rabbit, give rise to a malarial fever corresponding with the ordinary paludal fevers to which man is subject.

The evidence upon which Klebs and Tommasi-Crudeli have based their claim of the discovery of a *Bacillus malariæ* cannot be accepted as sufficient; (*a*) because in their experiments and in my own the temperature curve in the rabbits operated upon, has in no case exhibited a marked and distinctive paroxysmal character; (*b*) because healthy rabbits sometimes exhibit diurnal variations of temperature (resulting apparently from changes in the external temperature), as marked as those shown in their charts; (*c*) because changes in the spleen such as they describe are not evidence of death from malarial fever, inasmuch as similar changes occur in the spleens of rabbits dead from septicæmia produced by the subcutaneous injection of human saliva; (*d*) because the presence of dark-colored pigment in the spleen cannot be taken as evidence of death from malarial fever, inasmuch as this is frequently found in the spleen of septicæmic rabbits (*l. c.*)

While, however, the evidence upon which Klebs and Tommasi-Crudeli have based their claim to a discovery is not satisfactory and their conclusions are shown not to be well founded there is nothing in my researches to indicate that the so-called *Bacillus malariæ*, or some other of the minute organisms associated with it, is not the active agent in the causation of malarial fevers in man. On the other hand there are many circumstances in favor of the hypothesis that the etiology of these fevers is connected, directly or indirectly, with the presence of these organisms or their germs in the air and water of malarial localities.

The truth or falsity of this hypothesis can only be settled by extended experimental investigations, and while further experiments upon animals may lead to more definite results it seems probable that the *experimentum crucis* must be made upon man himself.

In a disease not of a fatal character and one for which we have a prompt and reliable remedy, it would seem that subjects for experiment might be found, especially among medical men and medical students, who have always shown themselves ready to subject themselves to inconvenience or even to danger in the pursuit of scientific discoveries of value to mankind.

Neuralgia.

It is evident that the prevalence of neuralgia, especially among the more refined and educated classes of the community, is on the increase. The extent to which it prevails is probably not generally known, as it is, indeed, only the physician who has the faculty of getting near his clientele, and of securing their utmost confidence who becomes aware of the lesser, and even many of the greater aches which afflict them. People, more especially the male portion of humanity, generally regard it as an evidence of weakness to complain of pain; and it is looked upon as inconsistent with the spirit of manliness to make much ado of ailments which do not actually incapacitate one for the active duties of life. Doubtless the mistaken notion that it is womanly or effeminate to complain of the lesser aches and pains, causes much actual suffering to be borne uncomplainingly by the stronger minded, and indeed, the physician who can get into the confidence of his patrons, and who will take the pains to enquire into the matter, will find among the class already indicated, a much more general prevalence of neuralgia, of a milder or more aggravated form, than he had been led to suspect.

This prevalence of neuralgia betokens a low condition of health, and should warn the sufferer that his powers of vital resistance have become impaired. In the absence of actual inflammation of the neurilemma, or pressure on the nerve, that is in purely functional neuralgia, so-called, the dictum that "neuralgia is the prayer of the nerve for healthy blood" is literally true. It is, therefore, a fatal error which considers it unmanly to complain of these pains. They should be regarded as warnings of a condition of the system in which the sufferer is peculiarly liable to intercurrent attacks of graver affections. Especially during the season now approaching should these warnings be heeded—the cold season, during which the system will require all the internal heat (another form of force), which it can generate, in order to the discharge of its physiological functions. These neuralgic pains, which are both symptomatic of debility, and in themselves wearing, cannot annoy the individual, during this season particularly, except to his great immediate injury. It becomes the physician, therefore, not to make light of them, but rather to regard them as of serious import, as pointing to neurasthenia, which is in turn but a symptom of general asthenia.

This is the season in which the physician is beset with solicitations to add his name to many of the long list of medical journals which abound. "Specimen copies" at this season are well nigh as thick as the leaves with which the autumn winds have strewn the ground. And, as if the older journals do not furnish a sufficient variety for the choice of the "busy practitioner," a number of new ventures are announced, and the profession are even now being "sampled" with them.

The News will not add to the mass of literature thus gratuitously distributed, but will, in lieu thereof, ask its friends to put in a word for it when opportunity offers. Not a subscriber but can, if he desire, induce a friend to add his name to the list for 1882. A list thus increased would enable the publisher to do even better than he has ever yet done, and the expenditure of a word for the News would thus yield valuable returns. We would submit that the experiment is one which our subscribers might profitably resort to. By so doing they may at least rest assured of the thanks and gratitude of the sanctum.

Miscellany.

An Obstetrical Faux Pas.—Dr. Thomas H. Briggs, of Mattawan, Michigan, communicates the following rare piece of experience:

Many strange incidents are met with in the life of the active practitioner. In his experience he becomes the witness of the lights and shadows of life, the fulness of its joys and the depths of its griefs.

Case in practice.—Some years ago I was called to attend the accouchement of a lady from Boston, a primipara, who was visiting friends in this vicinity. She had expected to return to her home in New England before her confinement, but as has happened to many another primipara, the event occurred 60 days before the time for which it was booked. She was at the house of an aunt, and was accompanied by her mother and a maiden aunt from the east. She had suffered long from constipation, and at the date of my call had had no operation for a week. An examination revealed the second stage of labor, and a large accumulation of hardened fœces in the bowel, from which latter complication she suffered much pain. The parturient efforts in due time expelled this hardened mass, the passage of which caused her well nigh as much pain as the final throes of labor, which, indeed, she supposed it was, and exclaimed, "Oh, mother, I am so glad that I am through with it!" I gently grasped the mass in a towel, and wrapping it carefully up to prevent any unnecessary escape of odor, laid it aside for its subsequent removal. Imagine my surprise on seeing the maiden aunt approach, and gently taking it in her arms, remove it to the adjoining room, where were in waiting clothes, waistband, and the other sundries. She seated herself in a chair, and awaited the coming of the mother and other aunt who were "dying to see the little darling." Labor progressing rapidly, and I being too much occupied to lend more than my ears to the scene in the other room, heard only a very pronounced "Bah!" from the intent group. Then came with majestic tread and haughty mien the aunt with, "Doctor, how could you do such a thing?" I pleaded guilty to removing the mass, justified the act on the ground of cleanliness, confessed that it struck me as very strange that they should deem it necessary to wash it before carrying it out, but supposed it might be a custom which obtained in the east.

The labor completed, I requested the gentleman of the house to bring out my horse. "Won't you stay to tea, doctor?" "No, I thank you, not to-day; some other day." Waiting beyond what I considered a sufficient time for the horse to be brought out, I repaired to the stable to learn the cause of the delay. Here I found the happy father in such a seizure of convulsive laughter as to prevent him from harnessing the beast. He had evidently seen the point of the joke.

Some years have passed, but I have not yet been able to convince the ladies that the fault was theirs and not mine.

With the Scalpel.

Ubi sedes vitæ.

Here's our "subject"—tall and strong,
  With vermillion well injected;
Where the blood once coursed along,
  Ready now to be dissected.
Some one never claimed, it seems,
  Friendless amid London's Babel;
Did he ever in his dreams
    See this table ?

Here's a hand that once held fast
  All things pleasant, to its liking;
Now its active days are past,
  Or for friendship or for striking.
Nothing colder here could lie,
  Yet on some one's palm there lingers
Sense of its warm touch, while I
    Strip the fingers.

How the dead eyes strangely stare
  When I lift the lids above them,
Yet some woman lives I swear,
  Who too well had learned to love them;
Some one since their final sleep
  Holds their smiles in recollection,
While I put them by to keep
    For dissection.

Then the heart. I take it out,
  Handling it with no compunction;
Once it wildly pulsed no doubt,
  Well performed each wondrous function.
Sped the life-blood on its race
  In miraculous gyration,
Felt, resposive to one face,
    Palpitation.

Where was Life then, was it hid
  In each curious convolution,
Packed beneath the cranium lid
  With such order'd distribution ?
Can we touch one spot and say,
  Here all thought and feeling enter'd,
Here—'twas but the other day—
    Life was centered ?

No, that puzzle still remains,
  One unsolved supreme attraction;
Here are muscles, nerves, and veins,
  Where was that which gave them action ?
Though the scalpel's edge be keen,
  Comes no answer from the tissues,
Telling us where life has been—
    Whence it issues ?

We cannot bid the heart be still,
  Stop the lifeblood's circulation;
Paralyze the sovereign will,
  Through the centres of sensation.
When the clay lies at your feet,
  We can light no life within it,
Cannot make the dead heart beat
    For one minute.

Yet this thought remains with him,
Dead he is to outward seeming,
Still the eyes, so glazed and dim,
See what lies beyond our dreaming
Know the secrets of the spheres,
Truth of doom or bliss supernal,
Read the riddle of the years—
Life eternal!

So we'll leave him, ready now
For to-morrow morning's lecture;
Little recks that placid brow
Of our wayward wild conjecture.
It may be our fate to die
All unwept and missed by no men;
As he lies there, we may lie,
Absit omen.

—*British Medical Journal.*

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VIRCHOW'S TRIBUTE TO AMERICAN MILITARY MEDICINE.—Dr. A. Jacobi (*Medical Record*) quotes as follows from an oration delivered by Virchow "On the Progress of Military Medicine:

"The French army lost, in the Crimean war, thirty-three per cent. of its men, viz., 95,615. Of this number 10,240 were killed on the battle fields, and about as many died of their wounds in the hospitals. More than 75,000 men died of infectious disease. In the American civil war 97,000 died of their wounds, and 184,000 perished of infectious and other diseases. What a vast amount of pain and misery! What an ocean of blood and tears! And besides, what a number of errors, mistakes, and prejudices! It is not necessary to now enumerate the long list of blunders and sins. They are so well known as to serve in the future as warning examples.

"Let me say here that it was not misfortune alone that showed where the cause of the evil was, and then provided aid. If the French learned little or nothing in the Crimea, and the Americans so much in their civil war as to create a new era in military medicine, the explanation is not to be sought for in the immensity of misfortune and misery undergone by the Americans, for they did not suffer any more than the French did in the Crimea. The explanation is in the critical and thoroughly scientific spirit, the clear perception, the sound and practical common sense which penetrated gradually every part of the American military administration, and which, with the astounding co-operation of an entire nation accomplished more humane results than any great war ever produced before. Whoever studies the copious publications of the medical staff of the American army, must again and again be astonished at the vast experience collected in them. Absolute accuracy of details, the most painstaking statistics acquaintance with all branches of medical learning, and a comprehensive style, are united in them for the purpose of collecting and preserving, in the interest of the present and future generations, the new knowledge so dearly bought."

MICHIGAN STATE BOARD OF HEALTH.—The regular quarterly meeting of this board was held Oct. 11, 1881. An interesting feature was a report by the secretary, relative to work of other state boards of health. The secretary of the Michigan board desires to continue so receive information from other boards by which these reports may be made quarterly.

A report relative to work of local boards of health showed increased action on the part of local health authorities in the way of isolating those infected with communicable diseases, and enforcing the law requiring from householders and physicians notices of such diseases. In one city a physician had been fined $100 for not reporting cases of diphtheria.

The revised document on the restriction and prevention of scarlet fever was adopted, and ordered published in English, Dutch, and German. The consideration of this document involved a discussion of the question of recommending health officers to verify diagnosis of reported cases of diseases dangerous to the public health.

A circular giving general rules for the prevention of diphtheria, scarlet fever, and small-pox was adopted. Forms were adopted for annual reports by health officers and clerks of local boards of health, and by regular correspondents of the board.

Dr. Avery, of Greenville, was requested to visit the overflowed district along the Maple River, in Gratiot County, and report to the board.

Dr. Lyster, of Detroit, read a paper on "Syphilis in its Relation to the Public Health." It dealt with the facts of the frequent communication of the contagium of syphilis, by direct and by indirect means, to innocent persons; also with the serious effect on individuals, and on the offspring of marriage where one of the parents is thus blighted. He believed much might be done toward preventing this loathsome disease by wise legislation, which shall restrict syphilis, and especially of collecting and disseminating among young men and other people facts relating to the nature and dangers of this disease.

Dr. Kellogg read a paper on the "Relations of Preventable Sickness to Taxation," showing by the reports of the board of correction and charities, the abstracts of reports of county superintendents of the poor, the abstracts of statistical information relating to the insane, and the deaf, dumb, and blind, and the vital statistics reports, that more than 3,000 persons in Michigan are annually dependent on the state for support, to a greater or less extent, in consequence of diseases preventable by the adoption of proper sanitary measures. The cost to the people of the state for the support of these persons is over $40,000 annually, a portion of which is paid by every taxpayer. This is but a small part of the actual loss to the state. The number of deaths from preventable sickness in 1880 (estimated from returns by supervisors and assessors) was 4,585. Placing the value to the state of each human being at the low estimate of $1,000, the aggregate loss by deaths from preventable sickness is over $4,500,000. But to this must be added a further loss from sickness which did not terminate fatally. The statistics of the benefit societies of England show that for every person who dies, two persons (on the average) are sick throughout the year. This indicates a total annual loss of time from preventable illness, on the part of more than 9,000 persons, to which should be added the expense of living, etc., certainly more than $1,000,000. This gives about $5,666,000 as the total loss to the state from diseases generally conceded to be preventable. These figures are regarded as much too small, because of the few diseases included in this estimate as preventable (though it is generally conceded by sanitarians that at least nine-tenths of all ailments may readily be prevented), and because only sickness and deaths directly traceable to preventable causes have been included, while a large amount of sickness and many deaths are indirectly due to these causes. It is probable that preventable sickness might justly be charged with an expense to the state of not less than $10,000,000. Estimating the loss in other states in the same ratio to the population, the aggregate loss to the whole United States is not less than $300,000,000 annually, an amount which would pay the national debt in six years.

Mr. Parker, of Flint, presented a report of the public health section of the American social science association at Saratoga.

The committee on sanitary survey of the state was requested to prepare schedules for the sanitary survey of cities, villages, and townships.

Mr. Parker reported a proposed bill authorizing all boards of education to exclude from school persons infected with diphtheria, scarlet fever, or small-pox, or living at houses where any person is infected with any of these diseases.

The secretary was directed to prepare and issue a weekly bulletin of sickness in Michigan, for such papers and medical journals as will publish it.

Dr. Baker was authorized to procure the services of an architect in the preparation of a circular on "Hospitals for Communicable Diseases."

Dr. Kellogg reported on the subject of criminal abortion. He and Dr. Hazlewood were requested to prepare a circular designed to collect facts on this subject.

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PSYCHOLOGY IN MEDICINE.—The following, from the London *Lancet*, will be of interest to the more thoughtful of our readers:

We sometimes hear of men who claim to take or leave the study of psychology at pleasure. They might as well affect to treat histology, or physiological chemistry, as a separate part of medicine. Humanity is suffering from the arbitrary relegation of what is called "mental diseases" to the care of a specialty. It would be as reasonable to refer the pathology of the secretions to one class of practitioners, while another take scharge of the organs by which these secretions are elaborated! How could the organs be studied or treated without regard to their functions and work? And how, we may ask, can the body be studied or treated apart from the mind, in and through which it is often possible to gain the best, or only, view of its inner workings? We are not speaking in any metaphysical sense, but practically. It is time to put in an earnest plea for the recognition of physiology as an intimate part of physic. Every advance we make in the exploration or nature renders it increasingly evident that body and mind are inalienable—as in health so in disease. The mental phenomena of life are the direct effects, or the reflexes of the physical state. It is therefore obvious that the moment is approaching when the recognition of unity must be conceded. We are now speaking of unity of ultimate constitution. Of the mysterious *something* which makes man more than an animal, science knows nothing. Those of its professors who worship "the Unknown" confess that the object of their faith stands outside the confines of human intelligence. At the same sime they claim to recognize, and ask the most crudely—or may we borrow Dr. Hughlings Jackson's, emphatic and say *brutally?*—materialistic of physicians to recognize, the effect which the outer centering of human hopes and aspirations must have on the physiology of man's nature. Even if human emotions be the outcome of viscera, they are generally affected by the manner and the real or supposed object of their exercise, and they react on the viscera from which they spring with a force and an intensity due to the outer sphere in which they operate. It follows that this outer sphere—the *spiritual*—must be recognized by the physician in his dealing with the mental and physical constitution of man as a whole. In short, the whole range of psychology must be included in the province of practical physics.

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DARWINISM AND THE EXTINCTION OF GREAT MEN.—Dr. Jacoby has recently published a new book, entitled "Etudes sur la Sélection dans ses Rapports avec l'Hérédité chez l'Homme." It gained the prize offered by the Madrid Royal Academy of Medicine in 1874, for a work on the hereditary influence of selection upon the human race. It may be doubted, however, whether the book can be correctly described as a contribution to Darwinism. Darwin's theory is essentially that of the survival of the fittest and the gradual evolution of types, including man himself, from lower organisms. But Dr. Jacoby gives a very appalling explanation of the reason why there are no more Homers or Shakespeares, and one which scarcely seems to harmonize with the theory which evolves the brain of man from the tip of a plant radicle. In brief, Dr. Jacoby's conclusion is that whenever any member of a (human) family becomes illustrious, that family pays by rapid degeneracy and ultimate extinction for the (comparatively) momentary *éclat* acquired. Humanity hereafter will not be the posterity of the powerful, the rich, the intelligent, the learned, the energetic, but of laboring peasants, necessitous *bourgeois*, humble and little people. The future belongs to physical mediocrity; every conquest of intelligence hastens the extinction of the race, and the school board is the precursor of a depopulated world.

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Bliss's Justification.—"J. C. S." takes exception to Dr. Bliss's justification as it appeared in last News. In his opinion such a justification, if allowed to pass without protest, will be in danger of being set up as a cloak for the most unpardonable ignorance. Behind such an explanation, the most notorious charlatan may screen himself on the death of his patient. His treatment, he may urge, has been strictly proper, and his prognosis as based an his diagnosis unquestionable, but his diagnosis was at fault. The profession should hesitate long before accepting such a justification as satisfactory. The ability to make a diagnosis is a very essential part of a physician's education; it is, indeed, the foundation of treatment, and one physician differs from another in point of success, simply in his ability to diagnose the true condition of his patient. Dr. Bliss and his consultants made a gross blunder, for which there can be no proper justification. It was a blunder which they probably would not have made if their patient had been a poor, obscure laborer, for in the latter case they would have instituted such examination through exploratory incisions as would have left in their minds no doubt in regard to the course of the bullet. Better for Dr. Bliss to set up the plea of justifiable ignorance than that on which he seeks acquittal before the court of professional opinion. It is fortunate for him and his colleagues that the post mortem revealed a wound necessarily fatal, for certainly if it had not been so from the beginning, the blunder in the diagnosis would have made it so.

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Æsthetics im Cathartics.—Bunthorne, the "fleshly poet," in the new opera "Patience," gives the following as "a wild, weird, fleshly thing, yet very yearning, very precious. To understand it, cling passionately to one another and think of faint lilies:"

What time the poet hath hymned
The writhing maid, lithe limbed,
Quivering on amaranthine asphodel,
How can he paint her woes,
Knowing, as well he knows,
That all can be set right with calomel?

When from the poet's plinth
The amorous colocynth
Yearns for the aloe, faint with rapturous thrills,
How can he hymn their throes,
Knowing, as well he knows,
That they are only uncompounded pills?

It is, and can it be
Nature hath its decree,
'Nothing poetic in the world shall dwell?"
Or that in all her works
Something poetic lurks,
Even in colocynth and calomel?
I cannot tell.

A Toothpick as a Catheter.—The novel means of emptying a distended bladder, reported by Dr. Van Antwerp in the News of July 11th, current volume, reminds the *Canada Medical and Surgical Journal* of the following:

An elderly woman, second-class passenger on one of our river boats, was found during the night to be groaning and suffering much pain. The watchman, after searching the list of passengers, waked up Dr. W., who happened to be on board. He found a greatly distended bladder to be the cause of the trouble. He had no catheter; finally it occurred to him that his toothpick might be pressed into service. He borrowed a second quill from a friend, and having fastened the two together, passed this novel catheter into the bladder, and received the blessings of the sufferer. It is generally believed that the doctor bought a new toothpick on reaching Quebec.

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Behold what changes distance works. This is the shape which a note to these columns by Dr. Treat, of Iowa, assumes on reaching the *Pacific Med. and Surg. Journal:* "The Michigan Medical News tells us of a doctor in Iowa who has invented an anal pad by which the feces are changed into gas and the gas deodorized and purified. It acts on the same principle as Holman's Liver Pad, and if worn over the mouth sweetens the breath and prevents cursing and swearing, and destroys the depraved appetite for tobacco." It will be noted that Dr. Treat made no claim to such virtue in his anal pad as our contemporary here proclaims, and curiosity is aroused as to its means of determining these additional properties of the device. Has our brother Gibbons been experimenting on Kearney's sand lot constituents?

Canon Rawstorne: It is patent to everybody that those professions which are doing a real work tolerate but little ceremonial. There was a time when the doctor of medicine had as many paraphernalia as a divine; and had a regular routine with all cases, like that ridiculed by Moliere and Le Sage, curing, or perhaps killing, but always acting *selon les règles. secundum artem* All that is quite gone. A doctor who tried to envelop himself in ceremony would be set down at once as a charlatan; as he would no doubt be. All medical subjects are submitted to the freest investigation; everything is reduced to bare scientific truth, and mere reality.

The secretary of the Michigan State Medical Society announces that "the 17th annual meeting of this body will be held at Ypsilanti, on the second Wednesday in May, 1882 (10th inst.) commencing at 10 o'clock, A. M." Webster (and most people in this country accept him as authority), defines "instant" as "a day of the present or current month," but secretary Ranney persists, in spite of frequent reminders of his blunder, in regarding "instant" as synonymous with any month, past, present or future.

The following ingenious theory is advanced by Buffon, the naturalist, to account for the length of days of the antediluvian patriarchs, as recorded in the Bible: "Before the flood the earth was less solid, less compact than it is now. The law of gravitation had acted for only a little time; the productions of the globe had less consistency, and the body of man, being more supple, was more susceptible to extension. Being able to grow for a longer time, it should, in consequence, live for a longer time than now." The latter conclusion is based on the fact, furnished by analogies in inferior animals, that the annual lives five times as long as it takes it to complete its osseous growth.

N. C. Medical Journal: Dr. Haywood says, that he once witnessed a consultation between Velpeau and Gerdy, in the Hôpital de la Charité, in Paris, over a patient with pneumonia. Gerdy proposed to bleed him. "Bleed him!" says Velpeau, "Bleed him! What do you want to bleed him for? Don't kill your patient; but give God A'mighty a chance!" "Well," says Gerdy, "I am willing that God A'mighty should have reasonable chance, but I do not think it will do always to give him too much rope."

Visiting lists for 1882.—Two of these lists have been received, one published by Lindsay & Blakiston, of Philadelphia, and the other by Joel A. Miner, of Ann Arbor, Mich. They are both so good as to make it impossible for us to give either the preference were we even disposed to institute a comparison, each having features which make it just such a list as the physician will find a great convenience.

Volkmann, at International Medical Congress: "To-day, we may say, with deepest conviction, that the surgeon is responsible for every disturbance which occurs in a wound; that it is his fault if even the slightest reaction or redness is developed in it, or if an amputation is not healed by first intention. He must reproach himself if after an operation bagging of pus occurs, and especially if death occurs from pyæmia." In our opinion it will be conceded by most surgeons that this rule admits of exceptions.

Dr. Lyman, in the *Popular Science Monthly* says that in early times surgeons were called "skinners" and to illustrate the low condition of the art in those days he quotes a passage from Sprengel, saying that in Germany no artisan would employ a young man as an apprentice without a certificate that he was born in marriage and of honest parents, and came of a family in which were found neither barbers, bathers, nor skinners.

Dr. Lawson Tait lays down the following as axiomatic in surgery: "when we find in the abdomen or in the pelvis such a condition as renders the patient's life a burden to her, we ought to open the abdomen and see what we can do."

Death has been harvesting a very considerable crop from the professional ranks recently. In the list of decedents the names of Prof. James E. White, of Buffalo, Prof. E. Lloyd Howard, of Baltimore, and Prof. John E. Crowe, of Louisville, are conspicuous.

Our thanks are due Dr. O. E. Herrick, of Grand Rapids, Mich., for a copy of the book of rules of the Medical Association of the State of Alabama. The book was mailed from Selma, Alabama, whither the doctor had been called to perform his modification of Emmett's operation and the Jenks' method for restoring the lacerated perinæum and the perineal body.

The *New Engalnd Medical Monthly* is a new venture in journalism which has just reached us. It hails from Newtown, Conn., is edited by Dr. William C. Wile, offers no apology for its coming and proclaims that it has come to stay. It starts off well and is worthy of support. We cordially welcome it to our exchange list.

It is said that six months before the assassination, Guiteau made an application for a pension, and that the examining surgeon made this brief but now weighty marginal note to the application, now on file: "*Applicant is insane.*"

The homœopathists of Massachusetts are making an effort to have a State asylum for the insane placed in their hands. If the experiment, when undertaken succeeds, will they be willing to attribute success to *similia similibus curantur?*

The 9th annual meeting of the American Public Health Association will be held at Savannah, Ga., Nov. 29th to Dec. 2nd inclusive.

A correspondent is preplexed over the fact that ladies whose desire it is to keep "regular" naturally consult irregular physicians.

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Original Articles.

The Environment of the Individual.

BY E. HALSEY WOOD, A. M., M. D., HERSEY, MICH.

In a general way it is correct to say that disease is due to the environment of the individual, but in a scientific sense the expression is not true. What constitutes the environment? All the circumstances pertaining to the life of the being. But only those circumstances which are depressing agencies can be considered in this relation as special factors in the causation of disease, and these factors in the aggregate as constituting the particular environment, may be summed up as the cause, and yet each particular factor may, and often does, act singly in the production of disease.

Food, the air and society each contribute the agencies that depress;—depress what? Man is a complex animal, a complicated machine, a wonderful mechanism. His intellect is seated in his brain, and the same organ supplies the force for the exercise of intelligence and the performance of voluntary acts. His soul resides in the ganglia, and by these his emotional nature is manifested and all involuntary functions are performed. The soul and mind are knit together in unity as shown by mingled play of emotion and display of intelligence, just as the two divisions of the nervous system are interwoven by a thousand cords into one harmonious whole. Each is supreme in its own sphere, and each is capable of receiving impressions which are mutually transmitted by their intercommunicating bonds, and they reciprocally act for and react upon each other. That is, impressions are made upon them, both directly and indirectly. And it is in this way that depressing agencies act, and depress the ganglia. This is further shown that by the fact that notably in the acute congestive diseases as yellow fever, cholera and typhus, patients at the point of death have clear minds and are entirely apathetic, that is, the ganglia, owing to exhaustion, are no longer capable of performing function or of manifesting emotion, while yet the brain is capable of intelligence. The continued operation of these agencies begets exhaustion or gangliasthenia. How? Simply by making greater demands upon the ganglia for nerve force than they can supply.

It is just as easy to conceive of the ganglia being depressed in this way by the influence of palpable and impalpable agencies as it is to imagine them disturbed by the action of an intangible specific poison that has invaded their substance, and it is a good deal more scientific.

Food contributes to the production of disease when of improper quantity or quality. Thus scurvy is said to be caused by food deficient in certain substances or of improper quality. Here is a direct depressing agency the same as insufficient food would be. Too much food is, however, as often a cause or a factor of causation of disease as too little. A gentleman in a neighboring city told me in reply to an inquiry as to the cause of the fever from which he was convalescing: "I kept insisting to tne doctors that my sickness was solely due to over-eating. You will remember that during September the weather was cool. Well, all through that month I ate inordinately, I had a craving for food which nothing would satisfy but cramming to satiety, almost to a surfeit, at every meal. The result was that in October I was taken with a fever which they called typhoid and went nosing around my house to find the source of my disease."

He was right as to the cause of his illness, and they were wrong as to its nature. He had an attack of typhus brought on by a single factor of causation. The abdominal ganglia were exhausted by the demands made upon them to dispose of the enormous amount of ingesta presented to the organs which they furnished with nerve force. This man died from a relapse brought on by the same means as he employed to excite the original attack.

Considering the atmosphere as a source of disease regard must be had to its condition of heat and coldness, moisture and dryness, electricity and motion and the purity of that portion which each person breathes.

The air is a variable fluid and is constantly undergoing changes both in its constituent elements and the forces which pervade it. Some of these changes can be measured, and their effects upon the individual can be roughly estimated, but many of them are imperceptible and cannot be determined, while most of them are generally unnoticed save in a general way. Thus there are, undoubtedly, constant alterations of the electric conditions of the atmosphere, and it was to "disturbed electro-galvanic currents" that Sir James Murray attributed malarious ailments causing, as he said, "a want of electrical equilibrium in human bodies."

The changes which the air undergoes in the various alternations of heat and cold, very sensibly affect the individual, and while the degrees of comparative heat and cold can be readily measured, the effect of the various, frequent, sudden and extreme variations in the temperature of the air on the body has not been accurately determined. Excessive heat and excessive cold are both factors of causation of disease. Reber (Thermal Paresis) ascribes the so-called malarious disorders to the extreme of heat, which he denotes by the term hyperthermia. Either extreme will, as is well-known, produce death as surely as electricity in excessive quantity in the form of lightning.

Moisture or vapor of water is an almost constant constituent of the atmosphere, and its presence in superfluity or its absence, imparts properties to the air which render it conducive to disease. In excessive quantity it is sometimes alone a cause of disease.

Free ammonia by its general diffusion in the air contribute materially to the sustenation of both animal and vegetable life and to the preservation of health. A hint as to its absolute necessity and mode of action might be taken from such observations as these:

"It is said that the ammonia from the manufactories of commercial fertilizers at Marietta, Georgia, has dispelled all malaria from that vicinity." "During the prevalence of yellow fever cattle ships have been observed to enjoy entire immunity from that disease." "It was observed that during an epidemic of yellow fever in New Orleans that albumenoid ammonia was present in the air in large quantity, while of free ammonia there was but a trace." This constituent of the atmosphere either by its presence or by the property which it imparts, is necessary in proper quantity to healthful existence. To what extent its absence is conducive to disease, or what is the source of the deleterious agent, albumenoid ammonia, has not been determined. The absence of the one and the presence of the other are undoubtedly causative factors of some epidemics.

Bad air, that is, air rendered impure from stagnation or principally by being re-breathed has been almost elimiuated from etiology by the diffusion of knowledge and wise legislation. There used to be abundance of it on board of emigrant ships and in jails, but wide legislation stimulated and directed by an enlightened medical profession has, except in the tenement houses of the cities, wiped it out as an active agent in the production of disease. The air of heaven is pure, and is constantly preserved in such condition by the many agencies set in operation by a beneficent Providence. It is contaminated only by the vileness of man and never by the action of nature's laws.

The motion of the atmosphere or the force by which it is produced, is a factor that contributes to health or causes disease, according to the condition or property imparted to it. This is recognized in the common phraseology of every day remark.

The social relations of man and the multifarious affairs of existence, the varied excitations of the emotions, furnish their quota of factors which play their part in the production of disease or causes of death. Instances are not wanting where such factors as care, fright (sudden fear,) and love have each singly been the means of death.

Peculiarities of the atmosphere, indescribable but readily recognized, most frequently accompany epidemics of either a limited or extensive character. Dr. A. W. Nicholson, who contributes a paper on the "Causation of Intermittent Fevers" to the forthcoming report of the Michigan State Board of Health, describes the peculiar state of the atmosphere existing on a certain day in July, 1878. "The morning opened with a temperature nearly 70° Fahr., and the atmosphere was saturated with humidity. At 2 P. M. the thermometer read 93° in the shade, with a relative humidity amounting to 85 per cent. The air was quiet, and the record of barometric pressure was one of the highest during the month. The per cent. of clouds was not sufficient to protect the laborer from the excessive heat of the sun. The great majority of laborers left their work, while of those who continued to labor some were seized with nausea, others with vertigo, and many by attacks of periodic fever. In two instances sunstroke occurred in which a lingering illness was followed by insanity, terminating in death."

"What," asks the doctor, "was the cause of these differing disturbances when all were subjected to the same atmospheric conditions? While in the same field one was the prey of abdominal spasms with fluxes and nausea, another of ague, and another the victim of sunstroke, can we, when we know of the varying susceptibility of the nervous system of different individuals to the influences of external impressions and the ease with which discomfort overbalances a physiological condition, expect to discover the presence of one individual septic poison that will alone produce one of these diseases while others are produced by known obtaining atmospheric states, all being apparently subjects to the same cause?"

Or, in other words, the question relative to this limited epidemic is, why do these different diseases obtain when individuals are apparently subjected to the same environment? The answer must be an explanation. The diseases occureed strictly in accordance with the laws of their production, and differed in the shape assumed because the individuals were not subjects of the same environment. They were exposed to the same atmospheric influences, but these alone do not constitute the environment, yet these conditions, in so far as they compose the surroundings, act as the chief factors of the causation of disease. And this is true of the limited as well as the extensive epidemics, but in the former the atmospheric changes are generally sudden and of short duration, while in the latter the latter the influence of conditions of the atmosphere is usually continuous.

It will appear then that any of the congestive diseases may be produced by a single factor of causation as a special cause, and yet they are commonly attributed to specific causes. It would seem by this that the doctrines of etiology were subverted. For instance, a man may go from New Hampshire to Indiana, or from Detroit to Belle Isle, or he may step down from an elevated plateau and traverse a few rods of river bottom, and the result will in each case be the same—an ague. Now comes a physician and inquires into the state of the pulse, tongue, etc., and in a very inscrutable way deduces from the symptoms that the man is affected with "malaria," —a specific cause. When, if he had enquired into the history of the patient he would have been able, according to the principles of etiology, to have traced the disease to a special cause. These principles are in the main disregarded as to their application to the congestive diseases. And yet the whole class of these diseases are produced in compliance with these principles and in accordance with a general law, which is the law of the external circumstances of life acting on the internal conditions of the body. These circumstances as they affect the individual will include every meteorological state of the season and of climate, every custom and habit of life, and will have regard to the social relations of man to his fellows. According to this it is as unphilosophical to ascribe them all to a special cause or single factor of causation, as it is to attribute them to specific causes.

A young lady, the daughter of a physician in a large city, one morning said to her father: "I am anxious about my standing in class, and am afraid that I shall not be able to pass the examinations." Her case progressed until it developed into exophthalmic goitre and her disease terminated in death. This disease was due to the particular environment and she herself specified the factors of causation which produced it. This environment could have caused no other disease. And this is true of all the diseases of this class. The environment of scurvy produces scurvy, of cholera, cholera, and so on. They all appear in accordance with the laws of their production and the nature of the environment. There is no specific cause. The argument which likens the action of the specific poisons of disease to the effects of the virus of a rabid dog or the venom of the cobra cannot be admitted in this connection because it is one of analogy only. And the reason that an analogical argument is inadmissible is because you can prove anything—even the most erroneous propositions—by analogy.

In proof of the existence of the specific poisons certain statements are adduced which are said to be facts. A fact may be defined in this connection to be the statement of a truth about an entity. But if there is no entity what becomes of the alleged fact? Again these statements are simply erroneous deductions made by the blunderbusses in the dark ages, and every once in a while fired off by a blunderbuss of the present day who keeps them in stock. They carry their own refutation with them. There can be no controversy about this matter.

There is an anecdote told by Prof. Henry which seems apropos. On one occasion he was at a point on the St. Lawrence river waiting for a steamer. Towards sunset the boat approached across the water, and as it neared the landing place a beautiful phenomenon was observed to occur at intervals along the side of the vessel. Prof. Henry's attention was attracted to it, and he saw the water lit up with flashes of phosphorescence. He remarked that he had never observed the like on fresh water but had frequently witnessed it at sea. Just then an official stepped up and told him the flashes were due to the hot ashes which were being pitched overboard. The professor as he walked away simply remarked: "Live and learn."

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Enteric Fever.

A CLINICAL LECTURE BY PROF. J. M. DA COSTA, M. D., PHILADELPHIA.

Case 1.-This man has only been in the hospital since November 2nd. His name is C. J., æt. 33 years, and he tells us that he has lived under bad hygienic conditions. A fortnight before his admission he felt tired, out of sorts, and stopped work entirely eight days before he came here on account of pain and increased prostration. He took a laxative, but this made him no better. He complained of nausea, slight cough and expectoration. His headache kept him from sleeping. He sweated considerably. Now, gentlemen, in addition to what I have stated, I must add that within the last week he has several times had chills or marked chilly sensations. Your attention should also be called to this other point, viz: he has had as many as eight watery discharges daily up to within the last few days, *i. e.*, there has been a marked tendency to looseness of the bowels. Now he has only three or four passages daily. Occasionally we administer an opium suppository. There has not been any epistaxis. I may supplement these remarks by stating that his pulse is 80. Only once did the pulse rise to 100. Most of the record ranges in the neighborhood of 80 to 82. The respirations are 24. The temperature is very peculiar; it was 103° upon the evening of his admission. The next morning it had fallen to 100 5-10°, then it rose to 103° that evening, and down to 99° next morning; last night in was 103¼°. You notice this very great difference between the morning and evening temperature. Let us examine the patient and see how he differs from a typical case of typhoid fever. Here, then, we have a patient who shows a slight fever flushed face, tongue coated in centre, (this tongue differs somewhat from the large red tongue generally found in typhoid fever.) It shows indentations, made by the teeth. There is considerable congestion of the left lung, as shown by the relatively impaired resonance. There is slight percussion dullness, anteriorly and posteriorly, feeble respiration, with dry râles at the back of the chest. Upon examining the heart I find enfeeblement of the first sound, with marked second sound. The first sound is decidedly shorter than natural; a dry cough coexists with these symptoms. Turning to the abdominal symptoms I find a little soreness in the iliac fossa; moderate distention of the abdomen, over which and the chest I find five or six rose-colored spots. These spots are very characteristic; they disappear on pressure, instantly to reappear. To complete my case I will examine the spleen, which appears to be markedly enlarged, extending two-finger's breadth below the ribs. There is no albumen in the urine. What is it? you will ask. Evidently a case of typhoid, for we have a continued fever, diarrhœa, eruption, enlarged spleen, so many characteristic symptoms that it can be no other disease. The eruption settles it. Is this a perfectly typical case, or does it present something out of the way? It does. I shall now point out to you how it differs: (1) This case differs from an ordinary typical case in the much greater enlargement of the spleen; slight enlargement is common, here it is extraordinary; (2) there has been the most undoubted evidence of repeated chilly sensations since the first week of decided fever; (8) the fact that the temperature record in only the second week (because the eruption appeared since the patient has entered the hospital, and it always appears in second week) is yet marked by the most extraordinary remissions and exacerbations. It has not been at all in the ordinary line of temperature; usually in second week the remissions and exacerbations are only about ½°; yesterday there was a difference of 4¼°, so here the temperature record is unusual. Why are these changes? Is this the usual temperature record? Assuredly not. When it is so marked thus early, and such great enlargement of the spleen is present, with a history of chilly sensations, it shows the presence of another element as a complication, namely malaria. This is what is sometimes called typho-malarial fever. This however, is not the proper name. It is essentially typhoid fever, for Peyer's glands are inflamed, the solitary are infiltrated and the mesenteric glands are swollen. This enlargement of the spleen is very unusual.

Treatment.—I am not partial to the use of quinia in uncomplicated typhoid fever, but there is a malarial element here, and so I shall order sixteen grains daily. There is no delirium. The slight dullness of the mind is the only symptom referable to the nervous system. He is taking gtt. xx of dilute muriatic acid every three hours, at the same time his diet is regulated,—milk, animal broths, arrowroot.

Case 2.—Here is a typhoid fever relapse. Here we have a very extended temperature sheet. The patient has been in the hospital since the 22nd of September; a very long case. It is an undoubted case of typhoid fever, with coated, dry, tremulous tongue; abdomen very tympanitic; twenty or more characteristic rose spots on abdomen and chest; a case of fully average severity and more than average temperature, 104 6-10°. Rather slow convalescence, but convalescence so perfect that on 20th to 23rd of October the patient was a well man, temperature—98° in the morning and 98 6-10° in the evening. There was during that time no fever temperature, not even in the evening. The tongue was clean, spirits good, appetite returning, then suddenly without any evident cause, the temperature on the 23rd, ran up to 100° in the evening, from 98° in the morning; next morning it was 99° and that same evening 100 5-10°. The next morning it remained the same, shooting up on that evening to 100 6-10°, then there was a slight morning remission during which it came down to 101 4-10°, then it ran up again, reaching 104, where it became continuous with only a slight morning remission and evening exacerbation. It remained at 103° to 104°, the morning fall not exceeding 1 1-20°, until yesterday it came down to 99° in the morning and ran up only to 100 2-10° in the evening. At the same time the spleen remained enlarged, though it does not now extend below the ribs. The rose colored spots came out; the last three or four days they have been fading. Here is this case of relapse with two significant points: 1, temperature; 2, eruption.

Case 3.—This is really a rare case, with more singular complication. It is a colored man of good family history, admitted October 25th, with undoubted typhoid fever. It is unnecessary for me to detail the ordinary symptoms. Soon after admission, and while fever was at its height, there was presented the most undoubted evidence of pneumonic consolidation, and especially of pleuritic effusion on the right side. Now this effusion and these physical signs of pleurisy have remained and given rise to the greatest amount of irregularity of temperature, such as is never found in this period of uncomplicated typhoid; very great exacerbations and great unsteadiness of temperature. The chest is dull on percussion at the lower part, the respiration is feeble, the vocal fremitus is almost abolished. The voice is barely perceived. The evidence of effusion is undoubted; the respiration is good in the lower part of the lung. The patient is in the beginning of the fifth week. We have here pleurisy as a complication, one of the rare complications of typhoid fever cases. This patient is taking ten grains of quinia daily. I did this to break up the fever process. There is no longer any diarrhœa. I will prescribe the following formula cautiously, and stop it at once, if it disagrees with the patient:

℞ Pot. iod..... .... ʒ ss
Tinct. opii deod...............f ʒ iij
Aquæ q. s. ad...............f ℥ iij.

M. Sig.—A tablespoonful every three hours.

I shall have the chest painted with iodine and order quinia, gr. viij., daily.

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I have as you see, selected some extraordinary cases as subjects for this course of lectures, cases all differing somewhat from the ordinary routine of the disease. In each case I shall make some special symptom the subject of my discussion. You may remember that at the conclusion of my last clinic, I showed you this case, and recognized in it an instance of pleurisy with effusion coming on at the height of the typhoid fever process, the physical signs of which remained after the fever had passed away. You will also recall the fact, no doubt, that I put the patient upon ten grain doses of the iodide of potassium four times daily, while I kept up a certain amount of quinia. At the same time I bent all my energies, relieving the pleuritic effusion. While I am mentioning this treatment I may say that the patient has somewhat improved, his breathing is vastly better: at the upper part of the lung posteriorly I now hear a friction sound, which shows that the effusion is diminishing. This friction sound can be heard as low down as the line of the inferior angle of the scapula. Under these circumstances I shall keep up the present treatment; the bowels do not seem to be disturbed by the iodide of potassium. There is, indeed some slight constipation. The tongue is clean, the temperature is normal, and the patient's condition altogether very satisfactory. These remarks have been merely intruded to reimpress the main features of the case upon your minds. I shall now offer some remarks upon the intercurrence of pleurisy in typhoid fever. In this man the symptoms of pleurisy appeared while the fever was at its height. Moreover, the resident informs me that there was a slight amount of pneumonic consolidation at the right apex preceding the development of the pleurisy. At this period of some pneumonic consolidation and pleurisy with effusion, the temperature rose and the complications kept it an unusual height for some days, so that in the third week, when we usually find the characteristic zig-zags, the temperature was steady. The steadiness of the temperature at a period when it ought to have declined would have been enough to make us think that some local complication existed unless it had been due to the severity of the fever process.

Having brought you thus far, I want to say a few words to you regarding the frequency of this complication, and to give you a few points in its treatment. Pleurisy is a rare complication of typhoid fever. Upon thinking over my experience I cannot recall any large number of instances of this kind; I have often seen a slight intercurrent pleurisy, mere friction sound. Careful necropsies made by Louis showed that this little roughness of the pleura was not uncommon; but this real pleurisy with effusion—a regular disease—is of extreme infrequency. In thinking over my own experience and remembering the comparatively few cases of this affection on record, I have noticed in these cases of pleurisy a strong tendency to the formation of pus. Indeed I have known this pus to discharge through the bronchial tubes, and so give rise to secondary pulmonary abscess; and this pus is more apt to lead to empyema than in uncomplicated pleurisy. You can see at a glance that this has a most decided bearing upon our treatment.

Rules.—In cases of pleurisy such as this with signs of effusion, if you do not obtain rapid effects from your treatment you are bound to tap the chest, for you are dealing with pus, and delaying is only apt to make the case worse. In treating pleurisy in typhoid fever, early tapping of the chest, is good treatment, for the majority of cases tend to empyema. Shall we do it here? No. I find improvement already. The effusion has diminished already under the influence of tonics and of iodide of potassium; still, notwithstanding this improvement, should the physical signs show that the effusion was stationary, I should not hesitate to aspirate, and should so infinitely strengthen the chances of rapid and complete recovery.

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Injury to Elbow Joint.—Injury to Ulnar Nerve.

POLYCLINIC OF PROF. HAL C. WYMAN, M. D., MICHIGAN COLLEGE OF MEDICINE HOSPITAL, DETROIT.

Case 1. This fine looking boy, who tells us he is 12 years old, was thrown out of a coal cart by the angry driver, a week ago to day. The fall hurt his elbow, and he comes before you to learn what can be done to relieve it. He says he struck on the point of the elbow, on the olecranon process; that it pained him at the time, but not severely until the next day. Since then it has swollen and become bent—the forearm semi-flexed upon the arm. He has removed his clothing that you may see the deformity. His mother has dressed the painful and swollen joint with cloths wet with cold water, and has so far relieved him that he complains only when the articulating surfaces are moved. He anxiously inquires if anything is broken, or out of joint. We compare it with its fellow of the opposite arm, and observe that it is swollen, but not red; is indurated; the relation of the olecranon to the condyles of the humerus we find, by carefully measuring the parts by our sense of touch, is alike in each elbow; we flex the forearm upon the arm, bring the hand to the mouth, extend it also, pronate it and supinate it, giving the patient pain. We grasp the humerus with the left hand, with our right attempt to and fro movements of the forearm upon the articulating surfaces of the humerus. There is no undue mobility of the joint, or of the parts in the vicinity; no separation of epiphyses or crepitus indicating fracture; no dislocation. What is the matter? He cries with the pain our manipulation has given him. The injured joint assumes a peculiar position; it looks as if something was wrong; but we have excluded by our examination the injuries which make the busy practitioner prefer to have wounded elbows consult some other doctor. All experienced doctors will tell you that they would rather treat fractures or dislocations of any other part than the elbow joint. Perfect restoration of the joint does not always follow good treatment. We must not feel uneasy about this case; the boy is not sick, he has no fever, no chills, there is no abscess. But what is the matter? Why do the parts assume this unnatural position, making the lad's mother feel uneasy? Her neighbors ask, "What's the matter?" and our brother practitioners enquire, "Who is treating that arm?"

Let us study it in repose, the position where he says it is most comfortable. The forearm is flexed at about half a right angle to the arm. If we try to move it, we see that the muscles controlling the elbow joint resist us. Now, if we go minutely into the anatomy and physiology of that arm, we will find that the nerve that gives sensation to the elbow joint, gives motion to the muscles which move it. The fall from the coal cart contused the articular surfaces of the joint, injuring the sensory nerves, and they prompt the muscles controlling the movements of the injured parts to contract just enough to permit the least possible amount of pressure or mobility. Rest is what we advise in such cases, and that is nature's way of carrying out the instructions. We can aid her a little by guarding against accident to the limb while she is engaged with the process of repair. For fear that the boy might overload his digestion with the good things his kind mother will give him, and engage in base ball, or fall out of bed in his dreams, we will apply these two strips of pasteboard along the arm and forearm, from wrist to elbow, and fasten them with a roller bandage. They can be removed daily, and the swollen parts be rubbed. The mobility will return day by day, and the usefulness of the limb soon be perfectly restored.

Case 2. This man is 54 years of age, a German, by occupation a finisher; has been a soldier, fought in the Austrian and Franco-Prussian wars; has never been sick; is unmarried; and no venereal history elicited by my careful cross-questioning. He consults us because of severe pain in the parts supplied by the ulnar nerve. He finds his little and ring fingers painful to move. There is a point of severe pain behind the internal condyle of the humerus, when the ulnar nerve is quite superficial, and another on the dorsum of the scapula, above the spinous process. We have the man strip, and examine both arms and shoulders. There is a slight difference between the two sides, but it probably has little to do with the pain the man says he suffers. The difference is purely muscular, the right side being the largest; shoulder blade most prominent, because of his peculiar occupation. Working most with the right hand, the muscles have developed better. We pronounce this a case of neuralgia of the ulnar nerve, because when the man points out the parts where he suffers pain, he indicates the anatomical distribution of the ulnar nerve. A neuralgia, that is a nerve pain may, result from irritation in one of three parts of a nerve, viz., the origin of the nerve in the grey cells of brain or spinal cord, in the trunk of the nerve, and in the end organs or periphery of the nerve. Now, we examine this patient to ascertain which of these three parts of the ulnar nerve is affected. We inspect the painful part, and find no cuts, bruises or inflammation. We conclude it is not a peripheral neuralgia. We examine the trunk of the nerve by pushing our finders along over it at those points where it comes near enough to the skin to be felt. Behind the internal condyle of humerus we feel the trunk to be larger than it is in the opposite arm. It is swollen, and pressure gives pain. Nerves may be conjested, inflamed and swollen, the same as other parts. We examine further along the inside of the arm into the axilla, and find pain on pressure. Now we raise the srm and explore the axilla and supra- and infraclavicular regions, because an enlarged gland, a fractured first rib, or an aneurism of axillary or subclavian arteries, might be pressing upon the trunk of the nerve and making all the trouble. We can feel no tumor. When we press the nerve against the head of the humerus with our fingers in the axilla, he winces and indicates that we are on the track of the pain. We push our fingers down firmly in the subclavian triangle, over the roots of the brachial plexus, and he complains of the pressure only. It is now quite probable that the lesion exists in some part of the brachial plexus. The painful spot on the dorsum of the scapula points to that conclusion. If you will muster your anatomy of the brachial plexus, you will understand how pain in the course of the ulnar and suprascapular nerves, as in the case before us, indicates, if a trunk lesion is found that it is well up in the cords of the plexus.

By our sense of touch we can detect nothing pressing upon the affected nerves, yet pressure may exist. Some forms of heart disease, when there is a large reflux of blood into the subclavian veins, will cause this pain. Pain in the suprascapular nerve is a pretty good sign of that kind of heart disease. Your anatomy and physiology will help you to an explanation of the mechanism of such a neuralgia. Remember that the suprascapular nerve and vein pass through the suprascapular notch, that they are confined there by the transverse ligament across the top of the notch. When the vein is swollen by the reflux of blood from the diseased heart, the nerve is compressed, and pain is the result. We listen to the beating of our patient's heart, and note that the sounds are normal. We observe the large veins at the root of his neck, but can see or feel no palpitation, as would be the case if there was any considerable reflux of blood. Heart disease is not the cause of his pain. We ask him how and when the pain began. He answers that he was at work with the affected arm above his head, that he wrenched his shoulder, and the pain followed. A vein might have been ruptured, and the clot compressed the nerve, but we can detect no such tumor as would be likely to result. Muscles or fascias might have been torn, but the mobility of the shoulder is perfect. Our verdict is that the patient received his pain through an injury to the ulnar portion of the brachial plexas; the exact nature of said injury unknown. In view of the facts, our prognosis is favorable, we will advise him to give rest to the parts by carrying his arm in a sling. The pain may be greatly lessened, if not entirely relieved, by applying to the parts a liniment composed of equal parts of chloroform and fluid extract of aconite root. If necessary anodynes, opium, chloral, hyoscyamus, etc., may be given to control the pain until nature has time to remove the cause of irritation.

Selections.

The Effect of Long-Continued Minute Doses of Mercury on Animals.—Schlesinger, in a prize essay published in full in the *Archiv für Exp. Path.* (Bd. xiii. S. 352), gives the following conclusions:

Rabbits, and particularly dogs, bear without harm the continuance for a year of small doses of chloride of mercury and sodium. Compared with controlled animals, however, they show a certain increase in weight, while examination shows a surprising increase in the number of red blood-corpuscles. In spite of this, the urine of these animals shows no change in its ordinary constituents, and no sugar or albumen present at any time.

The animals killed after taking mercury during a shorter or longer period show no disease of any organ. They only show a large accumulation of fat in those localities where fat is usually found in dogs.

While Keyes's conclusions as to the results of small doses of mercury are thus confirmed up to a certain point, Schlesinger is inclined to doubt the tonic action of mercury thus given; for, of all the favorable effects which we are accustomed to observe after the use of that certainly active tonic, iron, none appeared to be prssent after the employment of mercury. In those cases where iron acts as a tonic,—that is, where the blood appears to be impoverished of its normal hæmoglobin (*i. e.*, ferruginous contents),—we see going hand in hand with the increase in the number of red blood-corpuscles a rise in the body temperature, increase in frequency in the pulse, in the body-weight, and in the excretion of urea. In the case of Schlesinger's dogs, increase in the number of blood-corpuscles and in body weight was not accompanied by any change in the urinary excretion.

The increased number of red blood-corpuscles, together with the greater accumulation of fat, in the animals experimented upon, appears to show that the long-continued use of small doses of mercury, together with sufficient nourishment taken, exercises a repressive influence on the oxidation process to a slight extent. Should these researches be verified, the view must be accepted that by long continued use of the bichloride of mercury with chloride of sodium the normal disintegration of the red blood-corpuscles is hindered in healthy persons, and, in part, precisely on this account a more considerable accumulation of fat occurs.

It may be supposed, then, that small doses of mercury do not act tonically in syphilitic patients, but that, when not sufficiently large to destroy the syphilitic virus, they leave the tissues entirely unaltered, and at most favor the increase of body weight by their influence in retarding tissue change and the disintegration of the red blood-corpuscles.

The following assertion, based upon the researches above mentioned, may be made,—namely, that Keyes's observations are correct, but that the conclusions which he has drawn from them are without foundation.—*Medical Times.*

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THE PHYSIOLOGICAL TREATMENT OF PNEUMONIA.—Dr. Everett, of Sandusky, O., commends (*Medical Record*, Sept. 10th, 1881,) what he terms the physiological method in the treatment of pneumonia and cites seven cases whose successful issue he adduces in support of his claims to the efficacy of this method. It is based on the indication which universally obtains in the therapeutics of inflammation, (1) to abstract the abnormal heat of the parts involved ; and (2) to remove the superfluity of blood which is determined to the part. In accomplishing each of these indications cold is an agent of very general application, and the physiological method, so-called, consist in securing the application of cold directly to the inflamed lung tissue. It is accomplished by means of the continuous inhalation of cold air. The *continuous* inhalation is important, in order to keep up the impression and thus to avoid the reaction which would but aggravate the inflammation. His method is, in the winter, when pneumonia most prevails, to bore an inch and a half hole through the window sash, through which a rubber tube of like diameter is passed into the outer air, the inner end being fitted to the face by a proper face piece. By this device the cold air is exclusively breathed, while the ordinary temperature of the room may be maintained by means of fires or the patient suitably protected from the cold by bed clothes. In warmer weather a refrigerator must be extemporized, in which the inhaled air must be cooled before it reaches the lungs.

This treatment does not prevent the simultaneous administration of the ordinary remedies, venesection, if necessary, arterial sedatives, etc. The cases in which the method was tried and on which the report is based, were, it is claimed, not exceptionally favorable ones of the mild type, but were of average severity, and the favorable results are attributed directly to the sedative and contractile effects of the cold air on the pulmonic tissue.

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THE INDELIBLE VESTIGE OF CHANCRE.—In a notice of a brochure on this subject by Dr. Leon Montaz (*Le Progrès Médical*, *Med. Times*), Dr. Malherbe says that the interest attaching to the retrospective diagnosis of chancre is so great that his conclusions are worthy of notice. Montaz asserts that every chancre leaves an indelible scar, while chancroid does not necessarily do so. This is curiously opposed to the doctrine formerly in vogue, which was precisely the reverse. To state Dr. Montaz's case more exactly, he asserts that chancre leaves behind it sometimes a cicatrix, when the ulceration has been excavated, and particularly when it has been phagadænic, sometimes a slight depression, when the ulceration has been merely at the expense of erosive papule, that tissue designated by the rather blind but convenient term "syphiloma." Montaz quotes Horand, Guibout, Langlebert, and Jullien as partaking more or less of his view, while Ricord, Rollet, Clerc, Fournier, and others are disposed to admit the total disappearance of the chancre. Motaz considers Fournier to lean to the latter view because most of his experience has been with women, where the trace of former chancre is particularly difficult to make out. Fournier, however, must have met with many chancres on men in his large private practice; so that the reason given will not altogether account for his point of view.

The classic doctrine of the complete disappearance of all trace of chancre in every case is, however, in the opinion of *Le Progrès Medical*, too absolute. Chancroid is doubtless destined before very long to disappear form ordinary observation: becomes rarer every day. As to chancre, it must not be forgotten that this is infinite variable in area, depth, and even in aspect, and the vestige which it may leave behind may vary greatly as the ulceration may have been shallow or deep. Dr. Montaz gives notes of more than one hundred cases of recent or old syphilis where the vestige of the chancre was to be found.

The critic, however (Dr. Malherbe), thinks that the observation was in many of these cases made too early, even before the induration had entirely disappeared. Others were cases of working-people, when the sore might have been irritated by neglect. Montaz concludes by a chapter on the medico-legal aspect of the vestige of chancre; but he is, in the opinion of his critic, too sanguine here.—*Medical Times.*

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PREVENTION AND TREATMENT OF POST PARTUM HÆMORRHAGE.—Dr. T. More Madden, at the International Medical Congress read a paper on this subject in which he expressed the opinion that death *post-partum hæmorrhage* is generally preventable, and that in the perfect midwifery of the future it will be entirely unknown. Some slight loss of blood is natural, and its importance should not be exaggerated. Where there is reason to anticipate hæmorrhage the membranes should be ruptured as early as possible during labor, so as to allow the uterus to contract gradually and firmly, and a dose of ergotine or a drachm of the fluid extract of ergot should be injected hypodermically before the head comes to press on the perinæum. The prophylactic effects of a course of any astringent preparation of iron during the last months of pregnancy is unquestionable. Hæmorrhage from laceration of the cervix is more common than formerly, owing to abuse of the long curved forceps, which is too often resorted to before full dilatation of the os. The injection of hot water into the uterus is most uncertain in its hæmostatic action, useful only in cases of extreme depression from excessive hæmorrhage, and after the failure of other remedies. Neither is the injection of cold or iced water to be depended upon. The injection of a strong solution of perchloride of iron, although generally effectual, is very hazardous from the risk of causing metro-peritonitis. The author earnestly recommends the introduction of a sponge soaked in a solution of perchloride of iron, to be pressed into the uterus within the grasp of the hand, and left there until firm contraction expels both sponge and hand. Transfusion, as now practice, is almost useless in the collapse from post-partum hæmorrhage. Instead, he recommends large hypodermic injections of sulphuric ether.—*N. Y. Med. Jour. and Obstetrical Review.*

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Partial Resection of the Vagina for Prolapsus Uteri.—In a paper on Partielle Scheidenresection als Scheiden-prolapsoperation (Central. bl. für Gynæk.) Fritsch describes an operation that he has done in several cases, in which the whole thickness of the posterior vaginal wall is removed. This results in a firm cicatrix that does not give way subsequently. The posterior wall of the vagina is seized with a forceps and dragged forcibly downward and forward. While an assistant holds the forceps the operator applies a clamp to the redundant wall of the vagina, crowding as much tissue into it as possible by manipulating with a finger in the rectum. The fold of tissue is smoothed out as the clamp is closed. Then a few sutures are inserted beneath the clamp, the finger in the rectum guiding them deep, and the mass of vaginal wall is cut off above the clamp with a stroke of the knife. On removing the clamp the wound gaps wide, several arteries spurt, and in the depths of the wound the rectum is seen. On bringing its edges together the wound is six or seven centimetres long. It is rapidly closed with three deep sutures and from six to eight superficial ones, the latter including those that were passed under the clamp. After-treatment is unnecessary. In three cases the result was as follows: The lower part of the vagina was narrowed, but this did not show externally; the scar had retreated notably from the empty rectum; that portion of the vagina situated above the cicatrix was like a wide pocket. In two of these cases a retroflexion had developed at the end of three months, acting as a perfect bar to any further prolapse. In the third case the vaginal portion of the cervix remained above the cicatrix. A remarkable approximation of the lower part of the vagina to the symphysis pubis was observed. Although the bleeding is free, the operation is done so speedily that less blood is lost than in colporrhaphy or colpo-perinæorrhaphy. With antisepsis, an opening into Douglas's space is devoid of danger[!].—*N. Y. Medical Journal and Obstetrical Review.*

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Chloral in the Treatment of Cerebro spinal Meningitis.—Dr. George Goodhue, of Dayton, Ohio, in a paper published in the *Ohio Med. Journal.* for October, 1881, gives the history of a severe case which terminated in recovery, under the free use of chloral. The temperature on the first day was 106°. Twenty grains of chloral was administered every half hour, until three drachms had been taken, which reduced the temperature to 102°. The amount of chloral given during the 12 days he was ill, amounted to 1,015 grains.

Milk constituted his entire diet, from time of attack till convalescence was fully established. It was made a part of his treatment to give him milk at regular intervals, and in as great amount as his stomach would bear. The quantity he took daily was not measured by drachms, but by pints, and not once did his stomach refuse to perform the work imposed upon it; showing that chloral, even in such large doses, and frequently repeated for 12 days, did not interfere with, nor impair in the least, the functions of this important organ.

The therapeutical action of chloral in this disease the author sums up as follows:

1st. It relieves the severe pain, either mechanically, by removing congestion, or as a true anesthetic, or, more probably, by a combined action in both directions.

2d. As a sequence of the relief of pain, muscular quietude is produced.

3d. By its hypnotic influence, abundant and refreshing sleep is obtained.

4th. By its antipyretic influence, temperature is reduced.

5th. It produces no constipation, but probably has a slight laxative effect.

6th. It does not disorder the stomach or materially alter any of the secretions.

7th. It produces no appreciable effect on heart or respiration.

8th. It is not cumulative in the system.—*Med. and Surg. Reporter.*

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The Exciting Causes of Hysteria and Hystero-Epilepsy—Graily Hewitt, M. D:—The object of the paper was to demonstrate, by the results of clinical observation, that, in cases of hysteria and so-called hystero-epilepsy, the exciting cause of the attacks was distortion of the uterus produced by flexion of the uterus upon itself either forwards or backwards. The attacks were the result of reflex irritation, the irritation consisting in the physical compression and tension of the tissues of the uterus consequent on the forcible bending of the body of the uterus on the cervix. This bending had the effect of producing compression of the uterine tissues at and near the angle of flexion, and by its interference with the circulation in the uterine tissues, it had the further effect of producing a continuous congestion of the body of the uterus. The evidence offered by the author in support of the above explanation was the recital of 18 cases observed by him during a period of 10 years. In these cases, some of which were cases of severe attacks of hysteria, others identical with those described as cases of hystero-epilepsy, and a few in which the symptoms were of a less severe character, the condition of the uterus was carefully investigated. Marked distortion of the uterus was present in all the cases, the most severe cases being those in which the uterine distortion was the greatest. Complete relief from the attacks and hysterical symptoms was obtained in these cases, by a treatment directed to the removal of the uterine distortion. Out of 18 cases, perfect relief was known to have been obtained in 17; the subsequent history was not fully known in one case. Of the 18 cases related, 12 were cases of anteflexion of the uterus, and 6 were cases of retroflexion.—(*Brit. Med. Jour.—N. Y. Med Abstract*).

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On the Treatment of Cholelithiasis.—In a paper published in the *Western Medical Reporter*, for September, 1881, Dr. L. S. Oppenheimer, of Seymour, Indiana, says, that to relieve the patient of pain, he relies entirely on hot water fomentations and hypodermic injections of morphia and atropia. To cause expulsion of the stones he employs such remedies as have a soothing effect upon the duodenum and the bile duct outlets, viz., chloride of ammonium, carbonate of sodium, bicarbonate of potassium, and other alkalies of this class. Shortly after beginning to take these remedies, he has known gall stones to be passed in quite a number of cases, and has seen other patients seemingly recover without passing any.

He believes that the succinate of iron is of some value as a solvent of gall stones, and gives it in ten-grain doses three or four times daily, in peppermint water. The hygienic treatment he regards as one of the most important items in the management of the cases; and first of all as to food and drink.

The duodenum should not be allowed to perform more duty than is absolutely necessary. This is to be accomplished by abstaining, so far as possible, from those foods that are digested here, such as starches, sugars and fats.

For the obstinate debilitating diarrhœa of these cases, he employs with great benefit a skim milk diet and opiates in the form of Dover's powders.—*Med. and Surg. Reporter.*

Formulary.

ANTACID AND CARMINATIVE FOR CHILDREN.

Mr. J. B. Moore (*Druggists Circular*) gives the following formula for a preparation which has been found superior to Godfrey's Cordial:

℞	Deodorized tincture of opium...	℥ jss
	Molasses (New Orleans)........	Oj
	Brandy.........................	℥ vj
	Boiling water..................	℥ xxij
	Sodium bicarbonate............	℥ j
	Oil of sassafras....	
	Oil of peppermint.............āā	ʒ ss
	Magnesium carbonate...........	ʒ iij.

Mix the brandy with the boiling water in a half gallon bottle. Rub the oils with the magnesium carbonate in a mortar for about ten minutes. Triturate the mixture thoroughly with eight ounces of the hot menstruum gradually added; then transfer the mixture to the bottle containing the remainder of the menstruum, and shake the whole vigorously. Then set it aside, shaking occasionally, and when cool filter through paper, and add through the filter sufficient water to make the filtrate measure twenty eight fluid ounces. In this dissolve the carbonate of sodium, and add to the solution, first the molasses, and then the tincture of deodorized opium; mix well, and, if necessary, strain through muslin.

SYRUP OF CHLORAL.

℞	Chloral hydrate, crystals.......	℈ jv
	Peppermint water..............	ʒ iij
	Curacoa cordial.................	℥ ss
	Syrup acacia qs ad............	℥ ij

M.

This mixture is said by R. F. Fairthorne (*American Journal of Pharmacy*) to overcome very successfully the objectionable taste of the chloral.

TONIC PREPARATION OF COD LIVER OIL AND ARSENIC.

℞	Olei morrhuæ...................	℥ ij
	Vitelli ovi........................	no. j
	Liq. potas. arsenitis............	ʒ j
	Syrupi..........	ʒ ss
	Aquæ font q. s. ad....	℥ jv

M. Sig.—A teaspoonful after each meal.

AN ANTISEPTIC INHALATION IN PHTHISIS.

Dr. J. G. Sinclair Coghill of the National Hospital for Consumption gives the following formula for an inhalation in phthisis:

℞	Tr. iodi, ether...................	
	Acidi carbolici,..............āā	ʒ ij
	Creosoti (or thymoli)...........	ʒ j
	Alcoholis, ad....................	℥ j

M.

This may be inhaled through cotton wool on which it has been dropped.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Massage in Uterine Enlargement.

Dr. A. Reeves Jackson, of Chicago, contributes a paper to the *Gynæcological Transactions* on the reduction of abnormal enlargement of the womb by means of massage. Such enlargement is now generally conceded to be due to one or several of the following causes: 1. Prolonged catamenial congestion, which prolongation, by shortening the intervening period, and finally preventing the uterus from returning at all to its non-menstrual state, becomes permanent. 2. Imperfect post-puerperal involution. 3. The stimulus produced by the presence of neoplasms developed in the walls or cavity of the uterus. 4. Distortions and displacements of the uterus. 5. Perimetric inflammatory exudations. 6. Insufficiency of cardiac action, and diseases of the liver and abdominal organs.

There are two stages of the chronic enlargement which these causes may bring about. The first one is that in which the veins and sinuses of the organ are gorged with blood, which is to a certain extent stagnant. This stage is characterized by an increased growth of the connective tissue. In consequence of the turgidity and enlargement of the vessels, and the presence of the freshly formed connective tissue, the walls of the organ are soft and yielding.

After a transitional period of indefinite length, the second stage is reached. Here, owing to a contraction of the new and profuse growth of connective tissue, the blood-vessels are compressed, their calibre is lessened, and the whole organ is reduced in size and becomes indurated. This, which is usually regarded as an advanced stage of the *disease*, should be considered the *cure*—as much so as the anchylosis and cessation of activity in morbus coxarius; a cure effected by natural conservative forces, and the only one which usually does or can occur, either by natural or artificial means. After the stage of induration has been completed, no appreciable diminution of size ever takes place, unless as the result of atrophic involution succeeding the meno-pause, or by ablation.

Dr. Jackson lays down the following guides to the selection of the cases in which massage may be employed with reasonable hope of success. Physical examination must be instituted to determine the diagnosis. If by such examination the uterus be found low down in the pelvis, enlarged, tender, spongy, having a doughy elasticity resembling its state during pregnancy, these conditions would show that the hyperæmic stage had not been passed, and that massage would be expedient unless contra-indicated by other circumstances. In this stage the organ is frequently found anteverted or retroverted—more commonly the latter. When the enlargement affects the body alone, flexion is frequent, owing to top-heaviness; when the entire organ—body and cervix—is involved, flexion is more rare. These displacements and distortions do not preclude massage. But if the stage of hyperæmia be passed, and that of induration have succeeded, the uterus—still occupying a low position, and still displaced or distorted—will be found to have lost wholly, or in part, its tenderness, its spongy feel, and to have become firm and hard like cartilage. It will be reduced in size also, though not to its normal bulk, and sometimes will be found almost globular in shape, like a billiard ball. When this stage has been reached, massage and all other remedies will be found useless.

Uterine massage may be conducted in three different methods: Through the abdominal walls; through the abdominal walls and vagina; and through the abdominal walls and rectum. *Abdominal massage* is applicable to cases in which the uterus can be felt sufficiently above the pubes to enable it to be grasped between the fingers. The bladder being previously emptied, the patient should lie on her back upon a table, or upon a hard, unyielding mattress or lounge. The operator then, using both hands, commences by picking up and rolling between the thumb and fingers, portions of the skin and other superficial tissues. The entire abdominal surface, as high as the umbilicus, is thus manipulated. The process is then repeated; the deeper tissues being this time taken up and pressed between the fingers, gradually increasing force being employed. These pinchings are alternated with rubbings of the surface with the palms of the outspread hands and the points of the fingers. After five or ten minutes have been spent in this manner, the fingers are sunk deeper into the hypogastric and ovarian regions, and the uterus—so much as can be reached—is brought between their tips. The organ is then alternately squeezed and relaxed, and rolled between the fingers in every possible direction for 20 or 30 minutes, or until the patient becomes weary.

All the foregoing process must be performed in the gentlest possible manner, all increase of force employed being so gradual as to be almost imperceptible.

In whatever manner the massage is employed, this preliminary manipulation of the abdominal walls is advisable, and sometimes indispensable; for in many cases the pains and discomfort complained of by patients who have enlargement of the uterus, and which are likely to be referred by them to that organ, really have their seat in the walls of the abdomen, and unless these latter become accustomed to the massage—which almost invariably lessens their sensitiveness—it would be impossible to act effectively upon the uterus beneath.

Abdomino-vaginal Massage.—This is performed by passing the first and second fingers of one hand into the vagina, and placing the fingers of the other hand above the fundus uteri in the hypogastrium. A single finger in the vagina is not sufficient; it cannot be introduced so far as two, and is also not so useful for making pressure and counter-pressure.

The fingers should be passed first into the space behind the vaginal portion, which is pulled gently forward, and then permitted to return to its former position. This is repeated a half dozen or more times, when the fingers are pushed higher up, so as reach the supra-vaginal portion of the cervix and lower part of the body. The upper part of the uterus being now steadied by the hand on the outside, it is pressed between the fingers of both hands, repeatedly, for a few seconds at a time, and then relaxed. Every portion of the organ which can be reached should be subjected to these momentary squeezings. Then the manipulations should be reversed. The intra-vaginal fingers should be drawn in front of the cervix, and the latter pushed backward several times as far as possible short of causing pain. Then, their ends being passed into the space between the bladder and cervix, and their pulps turned against the latter, the fingers of the outside hand should be so adapted that the uterine body may again be brought between the compressing forces, when the squeezings and imparted movements are to be repeated as before. Alternating with the processes described, the uterus should be frequently elevated in the pelvis and held for a few seconds.

The entire procedure should occupy from 10 to 30 minutes, according to the sensitiveness of the pelvic structures and the degree of tolerance on the part of the patient. It is better not to attempt too much at one time, or we may, by producing pain in, or aggravating tenderness of the parts, find ourselves obliged to suspend the treatment for some days, and thereby lose time.

Abdomino-rectal Massage is unfortunately rarely applicable, owing to the difficulty of introducing the fingers into the rectum, but when applicable it should be conducted on the same principles which govern the abdomino-vaginal method.

Dr. Jackson reports cases corroborative of the claims which he makes for this method of massage.

We may say in connection with the above that Dr. Increase S. Hamilton, of Tecumseh, Michigan, has for the past 25 years practiced uterine massage for the relief of cases of the nature of those in which it is here recommended. At his suggestion, we first practised it on a case some three years ago, and can speak well of its effects in properly selected cases.

Nerve Stretching in Locomotor Ataxia, Torticollis, Etc.

Nerve stretching as a means for the relief of neuralgia, in which the cause is referable to the trunk of the nerve, is an operation of comparatively recent introduction, it having been for the first time, and somewhat accidentally, performed by Billroth in 1869. Billroth's patient had received a contusion of the sciatic, which was followed by severe pain and epileptic convulsions. Attributing the disturbance to disease in the course of the nerve, he cut down with a view to removing the diseased portion, but found on opening the sheath that his surmises had been incorrect. It was found necessary, in order to make a thorough examination, to raise the nerve out of its sheath, which act caused it to be moderately stretched. The wound was closed up, and the surgeon was surprised to find that the operation was followed by entire relief from the pain and convulsions. This continued for two weeks, when the symptoms again returned. Billroth was not slow to interpret the result of his first, or exploratory operation, and again cut down and subjected the nerve to a decided stretching. The result was a complete cessation of the symptoms, which had not again recurred at the last report—12 years after the operation.

In 1872, Nussbaum having noticed the cessation of the tonic contraction of the muscles of the forearm after accidental stretching of the ulnar nerve, for the first time intentionally stretched it for the relief of painful tonic contraction of the muscles.

During the nine years since Nussbaum's operation, nerve stretching has been performed upwards of 150 times for the relief of various nerve affections, including neuralgia, contractions, both clonic and tonic, tetanus, epilepsy, and recently, even in a case of pemphigus. The results have been highly satisfactory.

In 1879 Langenbeck resorted to stretching of the sciatic for the relief of the pains of locomotor ataxia. Since then other operators, both in this country and in Europe, have resorted to this means in this affection, with the result, in the majority of instances, of either ameliorating or entirely removing some, or all of the symptoms. The latest reported case is by Dr. J. W. Chambers, of Baltimore, in *Maryland Medical Journal*, for November. Treatment in this case had been pursued for six months, with the internal administration of nitrate of silver, ergot, digitalis, iodide of potassium, and electricity, but to no purpose. An incision was made about three and a half inches long over the course of the left sciatic nerve at the junction of the middle with the lower third of the thigh, where the nerve emerges beneath the biceps muscle. The nerve thus exposed was raised on the hooked index finger, and traction made sufficient to produce flexion of the leg. The nerve was then seized between the finger and thumb, and the peripheral end strongly stretched; the central portion was then seized and pulled until the sensation was felt as if something was giving way. The traction was continued about three minutes, and on recovering from the chloroform narcosis, the patient declared himself free from pain. From the day of the operation, co-ordination has been much better, the crises gastriques have been greatly relieved, the sight has been improved, sensation is much better, and the genito urinary functions are being performed normally.

Dr. F. A. Southam reports in the *Lancet* (August 27th, 1881), the case of a woman who had suffered for 23 years from clonic spasm of the sterno-mastoid and muscles of the left arm. He exposed the spinal accessory nerve at the posterior triangle of the neck, and stretched it with immediate relief. Later, although she was able to turn her head to the other side, the spasm returned, and an operation was made to excise a portion of the nerve. On cutting down it was found that the portion which had been stretched was atrophied. The second operation gave no relief. In another case occurring periodically, in a boy of 14, there was clonic spasm of the sterno-mastoid. The spinal was here stretched as in the former instance, with the result of giving great relief for a time, the intervals between the attacks being immediately lengthened to six weeks. After a time a relapse occurred, but later a very decided improvement again took place. In a third case—one of clonic spasm of the muscles of the left side of the face, in a woman of 59—the facial nerve was stretched. Paralysis first ensued, but this had begun to disappear five weeks after the operation, and the spasm was entirely relieved. The duration of this last case had been two years.

A Crying Injustice.

Recent orders issued by the health officer of this city evince a determination on the part of that official to do radical work in the way of Sanitary reform in the territory under his immediate jurisdiction, and to enforce the coöperation of the local profession to that end. We think we voice the general sentiment of the profession when we sympathize with these efforts to improve and conserve public health; and we have not the least doubt that every facility will be afforded the constituted authority in carrying out contemplated measures looking toward the most desirable sanitary condition of the city.

We desire, however, in this connection, and in no spirit of criticism of our board of health, to refer to the imperative nature of the orders which the law has put it in the power of the health officer to issue, and to enforce under the pain of a heavy penalty. The officer after announcing the somewhat rigid requirements imposed on "physicians and persons acting as such" declares the penalty attaching to a non-compliance with these requirements: "Any neglect or refusal to peform the duties herein required will be followed by prompt and firm prosecution. The maximum penalty is five hundred dollars ($500) and costs, for non-payment of which the court may sentence to six months' imprisonment." This is the penalty fixed by our State Legislature and the health officer has announced his determination to enforce it to the very letter. We have here a virtual re-enactment of the state of affairs, ("taxation without representation,") against which our fore fathers took up arms. At each meeting of our state legislature for many years past, that body has been besought to recognize the fact that there is a difference between the qualified physician and the quack, but it has persistently said "go to, go to! the medical profession must have no privileges. The quack has as much right to practice as the most educated physician. We abhor class legislation and the medical man must stand on the same footing with the tradesman and the laborer." Viewed as an abstract principle there is argument in support of this position, but the legislature stultifies itself and imposes a great injustice on the profession when it exacts gratuitous labor of physicians which it requires of no other class. The duties imposed on the local profession, under the act creating the board of health of this city,are quite onerous, and we can conceive of cases in which the restrictions in regard to the time allowed for making the required reports,will make it next to impossible for the physician to escape the penalty should the health officer adhere to his determination to exact a literal compliance with the provisions of the act. And all this burden imposed is to be borne without remuneration. We can faintly imagine the hue and cry which would be raised by the "friends of the people," were the legislature to exact any work from the artisan or the laborer for which it allowed no pay. The medical profession is long suffering but it will surprise us if this latest injustice imposed on it will not be met with a vigorous protest at the next meeting of the legislature. It is right that the profession should assist in sanitary reform, but it is no less right that for the gratuitous services it renders the state,it should be remunerated by at least a recognition of the fact that it is a profession.

Malt Extracts.

The extent to which the malt extracts have become favorably known since their introduction in this country, less than ten years ago, is really surprising, and their manufacture has become a very important and extensive industry. Their very general indorsement by the profession is very good proof of their efficacy, and yet there are those in whose hands the results have not been such as to encourage their continued use. It is probably a fact, that in spite of their very general use, such a knowledge of their physiological action does not obtain as furnishes a proper foundation for their therapeutic administration, and to the lack of such knowledge rather than to any inherent inadequacy in the malt extract itself is doubtless due a large percentage of failures.

An article by Dr. J. Milner Fothergill, in a recent (Oct. 12) number of the *Medical Press and Circular*, sheds a very considerable deal of necessary light on this subject. He first reviews such part of the physiology of the digestion of starch as bears on this question of the efficacy of malt extract. Starch as such is insoluble, and before it can pass from the alimentary canal into the blood, it must undergo a change. This change is accomplished by diastase, as it is furnished by either the saliva or the pancreatic juice, and which converts the starch into dextrine. Diastase, whether salivary or pancreatic, is only active in an alkaline medium, and is killed by an acid. Consequently stomachic digestion does not affect the starch which reaches that organ as starch. It is necessary, in order to properly appreciate the action of malt extract, to have clear views on this subject.

When salivary diastase is imperfect, either in itself, or through the bolting of starchy food without previous proper mastication, the stomach becomes embarrassed by the presence of an undue amount of starch, and it is under such circumstances that the malt extract is valuable through the diastase which it contains, and which is the product of the conversion of a part of the protein matter of the barley by the process of malting. In view of the fact that diastase is active only in an alkaline medium, it is clear that any hope to receive the characteristic action of malt through its contact with food in the stomach is vain, and, hence, that the direction given on the label of some brands of malt extract, "to be taken after a meal," is erroneous. Probably such advice is largely chargeable with the failures of malt extract to effect the results hoped for, for acting on such advice the dose is deferred until the food has by its presence excited a free flow of gastric juice, and has become saturated with the acid secretion.

It is necessary, in order to secure all the advantages from it, to follow nature's processes, and not to traverse them. Consequently malt extract should be taken either (1) with farinaceous food; or (2) immediately after such food, and before it has had an opportunity to become acidified with the gastric secretions. Obviously the former is the better plan, and fortunately the sweet and toothsome nature of extract favors this method of its administration, permitting of its admixture with the farinaceous mess before it is eaten. It is important, however, in this connection, to bear in mind an additional fact in connection with diastase, namely, that its activity is destroyed by a temperature of 147° F., which is the lowest temperature at which food can be sipped. Consequently it should not be added until the mess has been made cool enough to permit of its being comfortably sipped. When it is remembered that in the human infant, diastase does not appear in sufficient quantity or strength to permit of the digestion of starch before the sixth or seventh month, the advantage of the addition of malt extract to farinaceous pap given before that age will be apparent. An important practical point growing out of what has just been said, is that in the case of children, dyspeptics, or invalids in whom the powers of starch digestion are weak, the farinaceous portion of the meal should be taken first, and the old rule of giving children "pudding before meat" seems to be a wise one.

The various malt extracts have other properties than those referred to, due to their richness in phosphates, and the fact that a certain portion of their starch has already been converted into sugar or dextrine, thus making them easily assimilable food. But important as they are, as such food, their properties as such are manifestly of minor importance as compared with their influence in the digestive process.

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Sayre's Method in Spinal Curvature.

At the recent International Medical Congress the treatment of spinal curvature after the method of Dr. Sayre was very freely discussed. Papers on the subject were read by Drs. Da Cunha Bellem, of Lisbon, and Golding-Bird, Baker and Pye, of London, and the discussion of these papers was participated in by Dr. Baker, of London, Dr. Oxley, of Liverpool, M. Dally, of Paris, and Dr. Sayre, of New York. From this array of talent it is reasonable to believe that the method of Sayre received a very thorough review. Mr. Holmes, of London, closed the debate by giving a summing up of the remarks and the deductions therefrom. The following are the main conclusions which he declared to have been reached:

1. Nobody seriously contested the priority of Dr. Sayre as the introducer of the method; such traces as there were of similar treatment in the hands of other surgeons were nothing more than the resemblances always found in the ideas of our predecessors to those of our own day. 2. The discussion had dealt almost exclusively with angular curvature, to which it would perhaps have been wiser to have altogether limited it. 3. The debate had not enabled us strictly to define the class of cases for which the treatment was most indicated; but most speakers who recommended it seemed to be agreed that the earlier it was employed the better; but we were still unable to say whether, and how far, symptoms of decided spinal irritation or inflammation should be taken as contra-indicating it. 4. Only a small minority of the speakers rejected the method; the majority agreed that in at any rate a large majority of cases the method offered very great advantages. 5. No form of extension (by suspension or otherwise) was a necessary part of the treatment; the jacket could be applied when the patient was suspended, or erect, or horizontal. 6. There appeared to be no evidence that any actual straightening of the spine had ever been produced. 7. Though Dr. Sayre and most other speakers appeared to prefer the plaster, there seemed no valid reason why other material would not do as well. 8. The possibility of changing the inside shirt without removing the jacket was an important practical point brought out by the discussion. 9. That there were drawbacks, such as ulcers, abscesses, etc., seemed not only possible, but inevitable. The extent and nature of these drawbacks should be stated, but they formed

no radical objection to the treatment. 10. It seemed probable that the average length of time required for cure would be found much less than in the treatment by rest in bed. 11. Finally, the general opinion seemed to be that this was a real and great advance in practical surgery.

Scarlet Fever and Scarlatina.

The health officer of Detroit enjoins the physicians of the city, under pain of the penalty enacted by state law, to immediately report all "cases of scarlet fever (including scarlatina)" occurring in their practice, and his order to this effect is circulated in the public press. While heartily conceding the necessity of enforcing the law in this matter, both for sanitary reasons and to obviate the demoralizing tendency of an open defiance or neglect of legal enactments, we cannot but regret the phraseology of the order by the local officer. We regret it because its unscientific nature tends to create a contempt for the constituted authority among those whose respect he should command, and whose hearty coöperation without such respect is impossible, and because of the pernicious tendency of the implied recognition which it contains, of a difference between scarlet fever and scarlatina. Such a recognition, already obtaining very largely among the people, has been fraught with incalculable disaster, and it is extremely unfortunate that it should be endorsed by the health officer of a great city. It is susceptible of proof that scarlatina has been propagated with fatal results through neglect of isolation traceable the belief that it is a disease essentially different from scarlet fever. The public mind should be disabused of the belief rather than encouraged in it, that there is any difference either in malignity or infectiousness between scarlet fever and scarlatina, should be taught, in fact, that they are synonymous terms for a malignant disease than which few diseases are more apt to be communicated from those sick of it to the well. Under the impression which now so largely obtains in this city and which the health officer's order, circulated as it is among the people, cannot but confirm, correct reports and a proper restriction of the disease is well nigh impossible.

Sponge Pressure as a Surgical Dressing.

Mr. James Hardie, Assistant Surgeon to the Royal Infirmary, of Manchester, England, contributes to the *Lancet* a method of treating the wounds of operations by means of sponge, which promises excellent results. It combines antisepsis and pressure in an eminently practical and convenient form. It will relieve many minds from the infinite amount of trouble, pains and pitfalls which the mention of antiseptic dressings conjures up.

The *beau idéal* of the healing process is primary union with absence of all discharge. The discharge from wounds as we are accustomed to see it, is due to the exudation of material into the cellular tissue, and into the loose vacant spaces between the opposing surfaces of the wound. This discharge, Dr. Hardie argues, is entirely unnecessary, and the object of wound dressing should be to remove the causes to which it is due. To this removal is necessary such a dressing as shall secure perfect coaptation of the opposing surfaces and obliterate the cellular spaces of the connective tissue and prevent subsequent effusion of blood or inflammatory products. Dr. Hardie claims to secure these ends by means of a sponge dressing. He has found that by the use of stump or other part, the seat of a recent wound (*i. e.* while the tissues are in their normal condition), a sponge, bandaged over the surface of an amputation before inflammatory changes have had time to set in, one is often able to secure perfect union of a wound without discharge and without need of changing the dressing until the union is complete and sound. He secures antisepsis by soaking the sponge (the large-celled honeycomb preferred) with carbolic lotion and squeezing to expel every drop of superfluous moisture. It is essential to the successful carrying out of this method that all oozing of blood be stopped before the wound is closed, that the surfaces be made smooth and capable of perfect coaptation, and that they be kept in apposition by means of sutures. The carbolized sponge absorbs such oozing of serum and other discharge in moderation as may be inevitable.

Dr. Hardie says that without the great fact of antiseptic surgery, to his mind the greatest achievement which has been accomplished in the whole history of the art, the complete success of his device would be impossible.* Without it we pursue a course at best uncertain and often dangerous, while with this safeguard we go on with secure step, and shall doubtless obtain more and more mastery over those abnormal occurrences which still too frequently impede our path.

The Treatment of Club-Foot with Apparatus.

Dr. James S. Green, of New York, contributes to the November number of the *N. Y. Med. Jour. and Obstetrical Review* an article in which he argues that a great majority of the most intractable forms of club-foot may be treated successfully without the use of the knife. To effect the purpose of safe, comfortable, and certain reduction of chronic club-foot by mechanical means, he remarks, the instrument must perform the following functions: 1. It must effect by extension *the separation* of the articular surfaces of the bones involved exactly in the position in which they are presented by the deformity. The extension should be so complete that the synovial surfaces of the tarsal bones will slide *over* and *not upon* each other when the foot is twisted into its normal position. (This condition being obtained of itself reduces to a minimum the amount of force necessary to be exerted in moving the bones, which are thereby not jammed against each other, the synovial membrane and the cartilage injured, and ulceration of the soft parts made imminent.) 2. It should produce *the gradual* reduction of the foot to a normal position by continuous stretching, acting exactly in an opposite direction to the lines of the deformity.

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* Yet possibly this is not the whole truth. It is known (*vide* Dr. Wm. Roberts, "On Spontaneous Generation and the Doctrine of Contagium Vivum) that septic germs are harmless in the living tissues, and it is thus possible that the careful prevention of useless exudation into a wound may place it in a condition which will enable it resist their further development even in the absence of antiseptic measures. But in spite of that the possible collection of discharge through the inadequacy of our dressings will always render the use of antiseptics a desirable precaution.

In talipes equino-varus (the most common form) it should flex the foot, thereby overcoming the contraction of the gastrocnemius and soleus muscles, while at the same time it should abduct the foot, reducing the rigidity of the tibialis posticus muscles. It should stretch the plantar fascia, after overcoming the tendo Achillis and during the reduction of the tibial muscles. Withal, the instrument should be light in weight, portable, and easily worn, so that the patient may assist the cure by walking upon the foot which is being gradually extended and drawn toward its normal position. It should be so constructed that, as the opposing tissues yield to the applied forces, the advantage gained, be it ever so little, can be easily seized and retained. The "compound club-foot twister," an instrument employed by the author and his associate, Dr. C. F. Stillman, is described as being so constructed as to twist the anterior portion of the foot on the posterior at the medio-tarsal joint, and also to gradually and painlessly alter the angle of the foot with the leg at the ankle joint. It consists of a local extender, provided with a slotted arc for graduated movement, placed each side of the ankle joint, and another placed in front of the arch of the foot. Below, these are attached to a flexible felt or leather sole, on which the foot is firmly fastened by bandages; and above they are connected to metal terminal plates, which are bound down to the leg by some immobile dressing. This splint allows the foot to be twisted back into shape without pain, as it provides a local extension which relieves the parts from strain and attrition during the twisting, and also allows the patient to walk without interfering with the action of the instrument, the foot being completely under the control of the surgeon. The instrument and dressing used in a case related weighed thirteen ounces.

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Rickets.

Dr. Adolph Bazinsky, of Berlin, read before the International Medical Congress a paper on rickets in which he combatted the too prevalent idea of the pathology of this complaint, a complaint by the way, whose successful therapeutics are very intimately associated with a correct conception of its pathology. It is an erroneous conception which attributes the sole difficulty in rickets to a deficiency of the lime salts in the bones, and the treatment which consists merely in the exhibition of these salts is unprofitable and unsatisfactory. Rickets may occur congenitally, it occurs in congenitally syphilitic children who have the advantage of the best of food and nursing, it arises as a sequela of grave febrile disease, chronic gastro-intestinal disorder, want of fresh air, which facts point to other causes than mere deficiency in the inorganic constituents of the bone. It is a dyscrasia originated by an alteration in the general nutrition which may be caused by various noxious influences working upon the infantile organism, and treatment must be directed to an improvement of the general nutritution, especially good hygienic conditions, normal nourishment, baths and tonic medicines.

These views of the treatment and the general statement regarding the direct causative relation of the absence of the lime salts in the bones are doubtless correct, but it is not to be forgotten that the elimination of the phosphates in the urine is a symptom so direct as to justify its being regarded as the cause of rickets. In our experience an alterative tonic treatment has been most successful. We say "alterative-tonic" because of the definition of "alterative" rather than because of the administration of remedies usually classed as alteratives, this definition being "substances which modify nutrition without producing antecedent phenomena." Quinine is such a substance when given in rickets. Although as a specific tonic it cannot be said to act in such capacity in this affection, for other specific tonics fail to produce the same effect. It modifies in some unexplained, and perhaps inexplicable, manner the nerve tissue and under its use the laryngismus stridulus, which is almost always associated with rickets, is relieved, and the deposit of the phosphates in the urine is diminished, being diverted to their physiological destination, namely the bones. Although the artificial phosphates are also given in this treatment their influence is somewhat problematical. Quinine is par excellence the remedy.

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A Prize for the Radical Cure of Cancer.

To hope for such a thing as a radical cure for cancer is, with our present conceptions of pathology, very much like an idle dream. The dictum that cancer, that is fully developed cancer with a fully developed cachexia, is incurable, is very generally accepted by the leading pathologists of the day. True, occasionally one has the temerity to hope that a remedy will yet be discovered but even on this possibility the majority are skeptical. Sir James Paget is one of the hopeful ones, as witness his remarks on the subject in 1874: "If I look and I do look, for a hope of recovery from cancer, it is in such a fact as this, that we have a clear remedy for syphilis. Therefore, I repeat, if there be a hope it is in the earnest, constant study of the constitutional characters of cancer, that some day there may come to us a remedy as little expected as mercury must have been before it was introduced for syphilis, but not less sure." Dr. Johnson in a prize essay of the Royal College of Surgeons, of London, also regards the possibility of a remedy for this disease as reasonable. "To view a disease as incurable is, in effect, to render it such, for where this idea has unfortunately taken possession of the mind, the necessary result is a state either of dull stupidity, or of supine indolence. It is the generous hope of future discovery that will best serve to animate and lead us forward, in every scientific pursuit." Another one having faith as a grain of mustard seed, is Dr. J. Collins Warren, of Boston. We presume at least that it is such faith that prompts him in his offering of prizes of $300 and $100 for the best and second best essays, respectively, on the following subject: "The Probability of the Discovery of a Radical Cure for Malignant Disease, and the line of Study or Experimentation most likely to bring such a cure to light." These essays must be legibly written, and must each bear a motto and be accompanied by a sealed envelope containing the name and address of the author. Although it is like hoping against hope, we hope this offer may draw forth something of real value.

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Agaricus in Night Sweats.

There is probably no single agent which is so uniformly successful in the treatment of night sweats, as atropia. There are, however, difficulties in the way of its administration, which are sometimes well nigh insuperable, patients at times evincing idiosyncrasies which make it well nigh impossible to administer the salt in sufficiently small doses to avoid its toxic action. The drugs which have been suggested as substitutes for atropia are numerous, and of various degrees of efficacy. The latest which has been suggested, or rather, as a matter of fact, resurrected, is agaricus.

Dr. Wolfenden, writing to the *Medical Times and Gazette*, speaks of this fungus as possessing properties which make it equally efficacious with atropia in night sweats, while, at the same time, it is destitute of poisonous properties. He gives it in doses of from 10 to 30 grains of the powder each night. He bases his report on 40 cases of night sweats, comprising tubercular and non-tubercular cases, in which the drug was uniformly successful. Its only drawback is the diarrhœa which it is liable to excite, but this tendency may be obviated by combining it with an astringent, or a few grains of Dover's powder. In view of the fact that coto has recently been recommended for night sweats, we would suggest its combination with agaric when the latter disturbs the bowels. It would combine astringency with the more specific anti-diaphoretic properties claimed for it.

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Rubeola, Rötheln, or German Measles.

The question of the identity of this affection which has perplexed the profession of this country, more particularly during the past six months, was a subject of discussion at the late International Medical Congress. Papers on the subject were read by Drs. Cheadle and Squire, of London, J. Lewis Smith, of New York, and Chuttleworth, of Lancaster, and the discussion of them was participated in by distinguished representatives, including Drs. Jacobi and Houston, of this country. The conclusions from the evidence brought forward amounted to a demonstration that rötheln is a distinct disease. In its incubation period it differed markedly from scarlet fever, but approached that of measles, which, however, it usually exceeded. It differed from scarlatina in the absence of severe throat symptoms, in the character of the rash (a point, however, not to be appreciated in the first 24 hours), and in the facts that it occurred in epidemics which spread widely to affect the majority of the population, and that it was usually a mild disease, not followed by sequelæ. Another point which showed rötheln to be a distinct disease was the frequency with which it occurred in persons who had previously suffered from scarlet fever and measles. Rötheln ought not to be regarded as a refuge for the physician who was hesitating whether to call a case measles or scarlet fever.

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Miscellany.

THE LATE PRESIDENT'S CASE.—It was a philosophic wit who said that if our foresight were as good as our hindsight it would keep us out of much trouble. The saying finds many an apt illustration in medicine, and, although the result could not have been avoided, it would have saved the attendants on the late President no inconsiderable embarrasment had they been gifted with prevision. It would, however, be a very ungracious thing to hold these gentlemen in the remotest degree responsible for the result, even had their error in diagnosing the location of the ball contributed in the least to the fatal issue; but to criticize the treatment without suggesting a rational substitute, lays the critic open to the charge of inconsistency to say the least. The Eclectic Medical Society of the State of New York has, according to the *Medical Gazette* laid itself very open to such a charge. Our contemporary thus scores our brethren for their conduct in this matter:

It would, perhaps, be too much to expect that the Eclectics should have been satisfied with the treatment adopted by the President's physicians and surgeons, or by any plan or course of treatment which they might perchance have adopted, inasmuch as opposed to the "regulars," they always treat their cases in another way. It is not, therefore, a matter of surprise, that at the late annual meeting of the Eclectic Medical Society of the State of New York, present Drs. Gunn and Wilder, of this city, they should have unanimously adopted a series of resolutions declaring that the treatment of the President was all wrong from beginning to end, without one single exception. In what this wrong particularly consisted they have not seen fit to declare, nor have they given to the public and the professsion any hints as to what would have been a better treatment. It is of this that we think we have particular reasons to complain; certainly such men as Drs. Gunn and Wilder, who must be regarded as the highest authority in military surgery, owe it to science as well as humanity, to give in full their peculiar views as to what should be the treatment of a case where a ball is lodged beneath the pancreas. Some gentlemen have stated explicitly that it ought to have been cut out, but no one has attempted to describe the course and character of the incisions which would render such an operation prudent or safe. It is this important point, the *modus operandi* in relation to which other surgeons have, as yet, furnished no particular information, which these gentlemen, with their larger knowledge and experience, ought to have been able to supply. We confess to a feeling of disappointment when we found that it had not been done by this assemblage of distinguished surgeons.

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The Ballad of Bacillus.—(*Dedicated to Prof. Virchow.*)—"The same *Bacillus* as that found in hay was produced. On the other hand, the innocent organism found in hay might by a different method of cultivation, be made to acquire virulent properties. Fed on a vegetable diet, it was tame and harmless; but, transplanted to another soil and given animal nourishment, it became savage (*verwildert*) and virulent."—*Virchow's address before International Medical Congress.*

Oh, merry *Bacillus*, no wonder you lay
Quiescent and calm when at home in your hay;
You never meant evil in hay fields, no doubt,
Till cruel experiments worried you out.
An innocent germ on a sort of probation,
Oh, why did pathologists try cultivation?

We hear you were harmless and charmingly tame,
So why did our Virchow besmirch your fair fame;
Why should he transplant you, with infinite toil,
To new and to wholly unnatural soil;
When food vegetarian kept you so quiet,
Why tempt you to fury on animal diet?

"*Verwildert!*" says Virchow, who surely must know,
You are, when transplanted, and cause us much woe;
So prithee, *Bacillus*, don't travel so far
As us, but stay peacefully just where you are.
You're innocent now, and have no wish to ravage,
And we've no desire, dear, to render you savage.
—*Punch.*

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The Growth of Medical Language.—In an introductory address delivered by Dr. G. Vivian Poore, at the opening of University College, London, the following from Cowper is made the text of some very sensible remarks:

"Knowledge and wisdom, far from being one,
Have ofttimes no connection. Knowledge dwells
In heads replete with thoughts of other men;
Wisdom in minds attentive to their own.
Knowledge . . . . .
Till smoothed, and squared, and fitted to its place,
Does but encumber whom it seems to enrich.

"There is one branch of medical knowledge," said the speaker, "which most certainly 'does but encumber whom it seems to enrich,' and this branch is medical language.

"The unwieldy proportions which this knowledge has assumed, may be judged of by the dictionary of Medical and Scientific Terms which is now in course of publication by the New Sydenham Society. This dictionary already consists of eight hundred closely printed, large octavo pages, and the compilers have yet reached only the third letter of the alphabet. At the present rate the completed work will consist of over 8,000 pages, containing more than 300,000 terms!"

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Does the Freezing of Water Purify it?—Some months ago the Louisville *Medical News* had an article containing a very vigorous arraignment of the ice dealers who harvest ice from sources of questionable purity in the north, notably in the vicinage of Chicago, and send it south. The dangers attending the use of ice thus gathered it portrayed in a way which must have had a depressing effect on the cock-tail and mint-julep market on the other side of Mason and Dixon's line. Doubtless there is much danger in the use of ice taken from impure sources and yet if the following from the *Ice Trade Journal* be true, this danger has been much magnified:

The icebergs and floes so often seen on the North Atlantic are really frozen sea water, but on melting such ice it is found to be free from salt, this foreign matter being expelled in the act of freezing. It does not, however, follow from this will ascertained fact that frozen sea water contains no salt, that all ice is free from foreign ingredients and impurities. To accomplish this certain conditions are required, which, if absent, will overcome this tendency to reject foreign matter, and, of course, it well be frozen in. Hence it is not true as a contemporary recently remarked, "If you freeze a basin of indigo water it will make it as pure as that made of pure rain water." If a portion only be frozen and that slowly, the indigo will be driven to the bottom of the vessel and the upper film of ice will be nearly pure, but as the process goes on the entire substance of water and indigo will be congealed, for want of escape. This principle illustrates the importance of a current or drain in shallow ponds intended for ice cropping When frozen solid the ice will necessarily contain all the impurities of the water, and this should never be approached. It also explains why salt water ice contains no salt when frozen at sea. Freeze it in a basin and it will contain the same percentage of salt as it held previous to freezing.

"St. Paul Medical College," says the *Pacific Med. and Surg. Journal*, "was the first college in the United States to require a four years' graded course. Certain wise men in the East turned up their noses at the pretentious bantling. But the college began its work with twenty students, nevertheless." It is ever beautiful to note the poetic justice through which virtue is rewarded, but in the present instance our friend of the occident is rather premature in its congratulations. The new college started out handicapped with a decided tendency to death from asthenia, and, alas for the cause of "advanced medical education," this lethal tendency has already prevailed, the "pretentious bantling at which the wise men of the East turned up their noses," having turned up its toes. Its progenitors were unable to do more than to conceive it and to bring it forth, and, lacking inherent vitality, the pap furnished by twenty students, was insufficient to keep it from joining the innumerable caravan. There is a place where, we are told, good intentions are utilized for paving material, but, although dead, we trust the the good college which died young, has not permanently taken up its abode in that realm. Let "*Resurgam*" be written on its tombstone.

From the *Peoria Medical Monthly*: "We have read with much interest the articles in the MICHIGAN MEDICAL NEWS, on the conduct of some of the medical faculty of the Michigan University, in regard to "Joy's Electric devices (with scrotal attachment)," and have admired the fearless manner in which that journal has cudgeled the erring brethren. A day or two since we received a circular reply to these editorials, and we must say that so far Bro. Mulheron has the best of the fight. Not being able to fairly exonerate themselves from the charge of furthering a quackish invention, the authors of this circular make a low, *personal* attack upon the editor or the NEWS, and the college with which he happens to be connected. The reply only makes the matter worse, and will cast additional odium upon the men who gave occasion for harsh criticism. Each had better cried "*peccavi!*" and let the matter rest."

The North American Review for December is in all respects a good number. The writers without exception are men eminently competent for the tasks assigned to them, while of the subjects discussed, there is not one which does not possess a living interest. Indeed were one called upon to enumerate the contentions that are to-day exercising men's minds, those treated of in this number of the *Review* would certainly occur to him among the first. The most important and most opportune of all the articles is one by the Hon. John A. Kasson, entitled "The Monroe Doctrine in 1881." Drs. W. A. Hammond, John Ashhurst, Jr., J. Marion Sims and John T. Hodgen, review the history of President Garfield's case, and although difference of opinion will arise on the question of the ethical propriety of medical men thus entering a secular periodical to discuss a professional topic, there can only be one opinion regarding the worth of their contributions in this instance.

We are in receipt of a disclaimer from one of the associate editors of the organ of the medical department of the University of Michigan, of all responsibility for the low and scurrile personal attack on us in the November issue of that journal. We can only regret that the circulation of the sheet is too small to prevent the exhibition which it makes from being generally witnessed by the profession. It is gratifying to note that at least one member of the editorial corps, who is also a member of the faculty, is not devoid of the instincts of the gentleman. We regret that his relations to the rest are such as to prevent him from allowing his name to be made public. While, however, he will share the odium, which the appearance of his name on the cover of the journal unfortunately attaches to him, we shall be glad, individually, to know that such odium is not merited.

The *British Medical Journal* gives a characteristic anecdote of the late Sir Wm. Ferguson, who, after a successful operation on a Manchester millionaire was asked by the patient to name his fee. "Two hundred guineas." "Two hundred guineas!" exclaimed the patient. "Yes," said Sir William; "You forget the life-long experiperience required to give the proper skill, the time and toil of the journey, and the loss of practice in London." "But you have been only ten minutes about it," said old Dives. "Oh, if that is your only objection," said Sir William, in his broad Scotch, "the next time I come I'll keep ye an 'oor under the knife."

The Joy-Electric-Device (with scrotal attachment) embroglio has resolved itself into a question of veracity between the four co-certifiers on one side and Professor Joy on the other. It will be the duty of the honorable, the Board of Regents when they get around to a consideration of the matter, to pass on this question and thus to virtually fix the lie on one or the other of these parties. Professor Frothingham in the November number of the university organ openly charges his colleague Professor Joy with falsehood and tergiversation in connection with the matter, and things have come to such an apparent pass that it is but reasonable to expect one or four resignations as a sequence to the decision of the Regents.

Birds in their little nests agree,
And 'tis a shameful sight
When professors in one university
Fall out and chide and fight,

and all about a little Electric Device (with a scrotal attachment).

We have received a specimen copy of the *Church Mirror*, published at Boston, Mass. It presents some peculiarities. For instance, cheek by jowl, with a fervent exhortation to personal holiness, and an eloquent portrayal of the beauties of the religion of Christ, is an offer of a No. 1 nickel-plated revolver for four new subscribers, a No. 2 ditto for nine new subscribers, and a No. 3 ditto worth $7, for fourteen new names. This journal evidently believes in the church militant, as preparatory to the church triumphant.

A unique spectacle presents itself in Chicago. A new medical college has been incorporated there without a faculty. The charter has been obtained, the buildings purchased and hospital advantages secured, and all without a faculty. The originators are advertising for professors to fill the various chairs. Usually the faculty is picked out as the very first step in such enterprizes, but as we are told in the advertisement that "the college is organized on the most advanced plans of medical education," we presume the new method is the very latest and most approved. Probably when the very best teachers have been selected from the outside the remaining vacancies will be supplied with such home talent as will feel flattered by being asked to come in. At this distance the whole procedure looks very peculiar.

When the professors of the medical department of the University resign, as resign one or several must, and to the regents yield their trust, history will repeat itself and requests will pour in to have them take "professorships in some large city." The Board will then "unanimously request them to withdraw their resignations." This request will serve as a cataplasm to the sore spot and the professors, in an outburst of forgiveness, will throw themselves on the necks of the Regents, and once again enter the fold. Here they will join hands, and swearing eternal fidelity will present a serried front "in absolute defiance" to the institution which would "build itself up on the ruins of the great and glorious university." Verily brethren the wicked fleeth when no man pursueth.

The Tri State (Kentucky, Indiana and Illinois) Medical Society, at its 7th annual meeting, at St. Louis, October 25th, 26th and 27th ult., instituted a new departure in the conduct of such gatherings: no welcoming address, no banquet, no receptions, no free lunches, rides or whisky, no anything but business, pure and unalloyed. In the language of the committee the members were "welcome to what they paid for, and no more." Let this rule become general, and the beginning of the end of large, unwieldy medical gatherings will have come, for what do the vast majority attend for, if it is not to have a good time?

The St. Louis *Clinical Record* gives in a translation from the *Deutsche Zeitung*, the following definition of a miracle: Inspector to pupil: "What is a miracle?" Pupil: "I don't know." "If all at once the sun should shine out in the night, what would you say?" "I should say it was the moon." "But if you are told it is the sun, what would you call it?" "A lie." "But you know I never lie; now, suppose that *I* should tell you it was the sun, what would you say then?" The pupil, after reflecting a little: "I should say you were drunk."

The 60th anniversary of Professor Virchow's birth was on the 19th inst. The date was also the 25th anniversary of his appointment as Professor in the University of Berlin. The day was celebrated by a festival and an interesting part of the proceedings was the handing over to the eminent scientist the title-deeds of a new institution to be devoted to the prosecution of researches especially relating to anthropology, of which he is to have full control. As a politician, an anthropologist, and an antiquarian as well as a pathologist Virchow stands pre-eminent. His success in each of those directions proclaims him to be a marvel.

The man who has never had his picture taken is indeed a *rara avis*. He has no vanity in his nature that he would adorn an album, no friends whom he would gratify with his counterfeit presentment, or is an exceedingly homely or painfully modest man. Dr. Woodward, U. S. A., President of the American Medical Association, is one such, according to Leonard's *Illustrated Medical Journal*. He declared to a representative of that journal that he had never been in a photograph gallery in his life, to have his portrait taken, and, therefore, could not furnish a picture with which to embellish "the only illustrated medical journal in the world."

Pasteur, it is stated, has determined to enter the Bordeaux lazaretto, and there to study yellow fever. His specific object is to determine whether it is due to a parasite, and if so, whether it may be guarded against by inoculation, after the manner in which he has been able to prevent chicken cholera and splenic fever. Such a mission is so grand an exhibition of self sacrifice in the interests of humanity that it could only be found in the medical profession.

It is said that Dr. Bliss's treatment of the late President, while it brought him notoriety, has brought neither fame nor practice. On the contrary, his practice which he abandoned during the memorable 80 days, has not yet commenced to return, while his undeniably unprofessional treatment of Dr. Baxter and the gentlemen who were first on the scene, has damned him in the estimation of the local profession of Washington. The people evidently stand with the profession in this case, and the conduct through which Dr. Bliss sought to immortalize himself, has come back on him like a boomerang.

Dr. J. Russell Reynolds, in a recent address, thus refers to an abuse of specialism, which, it is to be feared, is not less prevalent in this country than in England: "There are some who prey upon the sense of shame, and extort money for needless operations and worthless drugs, holding *in terrorem* over their victims the knowledge of facts that have been confided to them, and using that knowledge—which is power—to benefit, not their patients, but themselves."

Dr. Treat's anal pad is becoming famous. In our last issue we noticed a new application of it which had been discovered on the Pacific slope, and now comes the *American Medical Bi-Weekly*, which deposes and says, that by its use fæces may be converted into gas, which after being properly ozonized and purified, can be burned as a chamber light.

A mixture of alcohol at 90°, 4 parts, and nitric acid at 36°, 1 part, is said to yield a disinfecting vapor of highly active properties, rendering it useful in the wards of hospitals and in sick rooms. The mixture may be distributed in open shallow vessels in different parts of the room.

The *Leffel Mechanical News* submits that it is an invidious imputation against a very useful element in mechanics to call a person of badly balanced brain power, a "crank," as has become the prevailing habit of late.

Haller's tripod of life was the heart, the lungs and the brain. One leg of this tripod gone, and that which the three carry inevitably falls.

Among the (we were about to say meanest) most ungracious things a contemporary can do is to steal an item, and then endeavor to quiet its conscience by giving credit to an "*Ex.*" If robbing has any redeeming features, it is its association with boldness and courage. Sneak-thieving is always despicable.

Dr. G. H. Ballerlay, of Paterson, N. J., reports (*Medical Record*) a day's work which probably stands out alone in the history of midwifery. Between 8 A. M. and noon, of May 15th, he delivered three women, and in each case it was twins.

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Original Articles.

Sequelæ of Circum-uterine Inflammation—Salpingitis—Chronic Dilatation of Fallopian Tube.

A CLINICAL LECTURE BY PROF. EDWARD W. JENKS, M. D., OF CHICAGO.

The patient, first requiring attention to-day, states that she is 26 years of age and unmarried. Regardless of what she says about being married or single, we find the perineum bearing unmistakable marks of childbirth; so does the uterus, which is large, low in the pelvis, and its cervix sufficiently lacerated to be easily discerned by the touch.

The history of her illness, as related by herself, is brief, and not wholly satisfactory, as she will not acknowledge that she has been pregnant, while there are reasons for believing that pregnancy is a very important factor in the case. She is a house servant, and has been obliged of late to give up working and enter the hospital, chiefly on account of general debility, accompanied by pain in her back, hypogastrium and right inguinal region. She states that two and a half years ago she had a severe illness, when for many days she experienced severe pains in the lower and right portions of her abdomen, with fever, chills, and tympanitis. Since then she has had a number of similar attacks, but none so severe or protracted. However, there has not been a day entirely free from pain, while a profuse leucorrhœa has been almost constant. For a few days prior to entering the hospital, the pain was intense, with a higher temperature than normal. Since the beginning of the illness menstruation has been irregular, both as to times of occurrence and quantity of fluid. We perceive that now the abdomen is somewhat tympanitic and tender to the touch.

Proceeding with the physical examination, we discover that the cervix uteri, in addition to being lacerated, is also tender to the touch, and by introducing two fingers into the posterior cul-de-sac, the body of the uterus is found to be equally so, nor is the entire organ as moveable as it should be. By pressing with only a moderate degree of force at the roof of the vagina, pain is produced. By means of a finger in the rectum, the increased size and tenderness of the uterus are perhaps better determined. By aid of the speculum, we find the os uteri gaping and filled with mucus, and in appearance corresponding with the so-called granular erosion, yet by the use of two tenacula, after the manner with which you are familiar, the apparent erosion disappears, and is found to be due to laceration.

Passing a flexible probe into the uterine canal, the fundus is reached at the depth of about three inches. But, as I change the direction of the instrument, a new feature is apparent. You see that as I turn the point of the probe to the right of the median line of the uterus, it passes up four inches more, making seven inches from the os tincæ. There is no obstacle preventing its passage still further, but as it might do some damage, I do not choose to determine the full distance it can be inserted. Now the question of diagnosis becomes more complicated than it seemed prior to using the probe. When a probe can be introduced into a non-gravid uterus to as great a depth as in this instance, there must be one of the following conditons:

1. A uterine tumor causing the canal to be elongated. 2. The probe passes through uterine tissues into the peritoneal cavity; or 3. The instrument passes into a dilated fallopian tube. That you may easily see for yourselves, I now proceed to probe the uterus through a speculum, repeating the operation a number of times, and turning the point of the instrument in various directions. The fundus uteri is easily determined by giving an impulse to the probe with one hand, and placing at the same time the other over the hypogastrium. The point of the probe being turned to the right it traverses without obstacle or difficulty an additional distance of four or more inches—but when turned to the left no such result can be obtained. As previously stated, menstruation has been irregular both as to time and quantity of fluid. Sometimes the quantity

has been very great so as to constitute menorrhagia. By coupling this with the uterine measurement one might easily be misled in diagnosis, if the probe were relied on wholly. By manual examination I am able to exclude the existence of a uterine tumor, as when my finger is in the rectum the fundus uteri is easily felt; further, by bi-manual examination the outlines of the womb are easily determined, the fundus being but a very little above its normal location at the pelvic brim. Being positive that each time the probe passes beyond the os tincæ, a distance of seven inches, it does not go into the peritoneal cavity, there remains but one other route for it to take, and that is a fallopian tube; further, as it is each time to the right and cannot be made to behave similarly when turned to the left, the tube which is thus probed must be the right one. We, therefore, have in the patient before us, an instance of dilatation of the right fallopian tube. Now directing attention to the cause of this pathological condition, we observe that for two and a half years she has been suffering in consequence of an acute inflammation of a portion of the pelvic organs, which doubtless was initiated as a puerperal affection. One of the lesions has been an inflammation of the lining of the right fallopian tube, in other words, salpingitis. This term strictly means inflammation of all portions of the fallopian tube, yet practically it refers only to the lining and substance, for if the covering is inflamed it is spoken of as a peritonitis. In this case the salpingitis has been succeeded by a chronic dilatation. It is this peculiar feature of the case to which I wish more especially to direct your attention, but before saying more in relation to it, I wish to briefly refer to other pathological conditions of which there is quite a number.

The uterus is in a condition of sub-involution and there is a uterine catarrh, both of which are maintained and aggravated by laceration of the cervix. The immobility of the uterus and excessive tenderness of all the circumuterine tissues are the remains of an acute inflammation, of which she has had several attacks of greater or less severity. If the pelvic inflammation did not have its starting point as a puerperal disease, the condition of the genital organs in consequence of child birth rendered her more liable to be subsequently attacked by it. There are many pathological possibilities in connection with this case which might be interesting and even profitable to discuss, but we will omit them and consider only what is strictly pertinent to the condition in which we find the right fallopian tube.

Salpingitis, if of long continuance, is not always followed by dilatation, on the contrary, contraction or obliteration may ensue, the patient then being rendered liable to dysmenorrhœa or sterility.

Dilatation of the fallopian tubes occurs in consequence of endometritis, chronic catarrh of the uterus, and complete vulvar, vaginal or uterine atresia. Acute inflammation of the lining of the tubes from any cause may be the primary cause of their dilatation.

In the puerperal state an acute inflammation of the endometrium not unfrequently extends to the tubes. The same is true of chronic inflammation. Now as the acute symptoms subside or the inflammation merges into the condition called chronic, the hypersecretion of the mucous lining of the tubes causes this distention.

In any one of the varieties of complete atresia before mentioned, dilatation of the fallopian tubes is in consequence of the accumulation of menstrual fluid, in truth, one of the chief dangers to life where atresia exists is the liability to rupture of an over-distended fallopian tube.

When salpingitis becomes chronic one of the most common accompanying symptoms is leucorrhœa. Some authorities have stated that this is the case whether there is dilatation or contraction of the tubes.

If chronic dilatation exists, vaginal injections are not perfectly free from danger, while intra-uterine injections are especially dangerous, for the reason that the fluid used, may enter the tube and then escape with great ease into the peritoneal cavity, and thence into the vagina. The admission of the blandest liquid into the peritoneal cavity in this manner is apt to cause sudden death, or at the least very threatening symptoms. This patient illustrates several important points in connection with diagnosis; particularly as to the value of the uterine probe. The stiff unyielding Simpson's sound would doubtless fail to reveal the condition of the fallopian tube. I will not use it to ascertain, for the reason, that I do not as a general principle approve of that kind of a probe; it is capable of doing much serious damage even in careful, experienced hands. The probe to be used should be either of pure silver or some flexible material.

When the point of a probe reaches beyond the os a distance of several inches, the most frequent reason is that there is an intra-uterine tumor. I have, myself, had a patient who from this fact alone was said to have a tumor within the womb, yet I failed to find any, but I discovered that the probe passed into a dilated fallopian tube.

In Thomas's work on "Diseases of Women," mention is made of a few cases of dilatation coming under the authors observation, which were diagnosticated by means of the probe. Hildebrandt relates two cases where the probe was passed into the tube. Noeggerath, Matthews Duncan, and others have reported cases, but the number of authors who have written on the subject is limited, doubtless for the reason that even among gynecologists of large experience the cases to be met with are not many.

There has been some discussion in regard to probing the fallopian tubes, and some who were considered competent to give sound opinions have gone so far as to express doubts in regard to its ever having been done. This is not surprising when we consider that the diagnosis of tubal disorders is always difficult and obscure. It seems to my mind that so plain a case as the one before us could not but convince the most skeptical.

One of the principal dangers which constantly threatens a woman, with such a group of symptoms as this one presents, is the lighting up anew of acute inflammation of the circum-uterine tissues. Of these, inflammation of the pelvic peritoneum is the most to be dreaded, as it is the most dangerous. As regards the treatment of this patient but little need be said, for the reason that of active treatment but little is required. Rest and time for recovery are of major importance. It is important that there should be as perfect rest of the generative organs as is possible. Coition should be avoided, and if at any time the symptoms become aggravated, not merely indicating salpingitis but any variety of pelvic inflammation, the remedies to which resource may be had are leeches, opium, hot fomentations, and hot vaginal douches. The latter are to be used with caution, never in the sitting posture, but in the recumbent only, owing to the sphincteric action of the tubes being impaired and the liability of the injected fluid being forced into the uterus and thence into the peritoneal cavity.

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[Reported by Mr. J. R. Arnold, student.]

Polyclinic of Professor Hal C. Wyman, M. D., Michigan College of Medicine, Detroit.

Case 1. *Neuralgia of Long Thoracic Nerve.*

GENTLEMEN:—This woman is a stranger in the clinic; she comes here to be cured of a pain in her right side. She tells us she was born in England 60 years ago; she has reared a family of five children, all of whom are married. Her figure does not suggest ill health; she is well nourished; has abundance of adipose tissue. When she moves you observe that the movements of the two shoulders are not symmetrical. She inclines forward, and droops the right shoulder. If you saw her on the street you would know by her movements and the expression of her face, that she suffered pain. For the last three weeks she has suffered in this way: It feels, she says, as if there was a lump in the right side. She removes her clothing, but thorough examination reveals no tumor, no swelling; the side appears, on the contrary, flatter than normal. We enquire and learn that she has had rheumatism more or less constantly ever since she passed the menopause, eight years ago. She says pain and swelling first came in ankles, and extended to knees, then would suddenly vanish from the lower extremities and appear in wrists or elbows. At times she has had great fever, with pain and swelling, and required the frequent attendance of the doctor. She gives a good history of inflammatory rheumatism, but there is none now.

Now, gentlemen, with the evidence before you, what is wrong with the woman? What is the cause of the pain? She has good appetite, eats well, looks well, and acts well in every part except the seat of pain.

Mr. R., will you tell us what might be the fault with the patient. Mr. R. answers: "Inflammation of the liver." Why do you think so? "Because she appears to suffer pain with each descent of the diaphragm, which presses upon the liver." Very well, but to make a diagnosis you must try to exclude inflammation of the liver. You must make a careful physical examination of the right hypochondrium. Apply your hands, feel (palpation), and resort to percussion to ascertain the size of the liver. What difficulties do you find in the way of a thorough physical examination of the region? You answer, adipose—too much fat to enable you to detect changes in the margin of the liver, which normally projects beneath the margin of the ribs. Then, your palpation and percussion give' negative results. By what other means could you ascertain the condition of the liver in this case? Will some other gentleman tell us? Mr. O. answers: "By the history of the case." This patient gives us no history of jaundice or other symptoms indicating derangement of the liver, such as would be likely to keep up the pain complained of. We,therefore,exclude Mr. R.'s theory; the liver is not the scape-goat in this instance. What else might be wrong? Some one says "pleurisy." Let Mr. P. ascertain whether the patient has pleurisy. If she has had acute inflammation of the pleura for the past three weeks, we would not expect to find her in such good general health. Mr. P. inspects the chest, and finds it does not expand so freely on the right as on the left side. When directed she fills the right lung with air, but indicates that the effort is painful. He hears the normal respiratory sound in every part of the chest. There are no friction sounds; no bulging of the intercostal spaces, as might be present in a pleuritis of three weeks' duration. If old pleuritic adhesions occasioned the pain, the lung would be bound down by them, probably, and we would not hear the vesicular murmur alike in both lungs. Mr. P. thinks best to exclude pleurisy

It might be intercostal neuralgia, and we will examine for the tender spot, *points douloureux*, which enable certain French savants to diagnose this disease. We push our fingers along the intercostal spaces over the course of the nerve. You observe the patient winces when we reach the middle of the side. Now, if this pain is due to intercostal neuralgia, we ought to find one or two other painful spots, one over the point where the nerve leaves the spine, and the other where it terminates near the median line of the chest. We press carefully over the spaces at the right of the sternum, but find no *points douloureux*. The spine, likewise, is not particularly tender. The case does not correspond with the Frenchman's idea of intercostal neuralgia, or rather with his ideas of diagnosing it.

Let us examine the seat of pain, of tenderness, more carefully. We find a broad area of pain, limited by the boundaries of the serratus magnus muscle. If we press firmly upon the scapula, we increase the discomfort of the patient by compressing the painful muscle. Other muscles in the region appear to be sound. The serratus magnus, as you can see from its location, origin and insertion, is an important muscle in maintaining the shoulder in position. Its diseased or painful state occasions the drooping of the right shoulder. It is not often paralyzed, and is not in this case, because the patient can thurst the shoulder forward, and perform the functions of the muscle.

Now, the question is, have we a case of rheumatism of the serratus magnus muscle, or a neuralgia of the posterior or long thoracic nerve, which supplies it with nervous energy. It is unusual for a single muscle to be attacked in the way this one appears to be. The patient has the rheumatic diathesis, according to her history, but it is hardly reasonable to suppose that that diathesis would maintain an inflammation in a single muscle, like the one before us, for three weeks. Were the pains due to rheumatism, we would find that a group of several muscles, instead of a single muscle, is affected. I think we can safely say this is not a case of rheumatism of the serratus magnus, yet we will probably decide that rheumatism has something to do with it. The long thoracic nerve which supplies the painful muscle, and is undoubtedly the seat of neuralgia in this case, runs through the scalenus medius muscle in such a way that rheumatic influences might interfere with its nutrition. It is a fact that the nerves most frequently attacked with neuralgia are those which run through long canals in the bones or muscles. The long thoracic nerve has a peculiar course through the scalenus medius muscle, and changes in the circulation or functions of the muscles could easily influence the nerve. Neuralgia, limited to the long thoracic is, I believe, a rare disease; I am at a loss to account for it in this patient, except by assuming that rheumatism has something to do with it; and I am equally at a loss to explain why rheumatism should attack this one nerve, and leave all the other branches of the brachial plexus undisturbed.

The treatment of this case should be directed at once to relieving the pain. The patient's general health is good. We can do something toward overcoming the rheumatic diathesis by giving her freely iodide of potassium. Care must be exercised not to push the drug to the extent of disturbing the appetite. Hypodermic injections of 16th grain of morphine over the affected muscle, will relieve the pain. It may require repetition once in four or six hours. I have used with good success in neuralgias of other nerves, hypodermic injections of cold water. If you fear the dangers of morphine when used hypodermically, you can use the cold water. It is perfectly safe, and quite as certain to relieve the pain, but will require to be repeated often. Plasters of belladonna conium, or stramonium, may be useful. Liniments containing the above mentioned narcotics, combined with chloroform, may be rubbed on the side once in three or four hours, for the purpose of relieving the pain. It is difficult to prognose in this case, because we are ignorant of the lesion which affects the nerve. The pain may disappear after a time, and leave the muscle paralyzed. The lesion may be of a kind to destroy entirely the nutrition of the nerve, which has both sensory and motor properties

Case 2. *Sciatica treated with Seton.*

This man says he is 45 years old, and unmarried; has never had syphilis or other venereal disaster. Was strong and healthy until three years ago. Says he never lost a day from his work, as a machinist, by sickness, untill that time. Two years ago he came before me at one of the hospitals in this city, suffering severely with pain in the sciatic nerve. He had then been sick with the pain for a year, and had taken much medicine. I treated him with opium and seton; and he says they relieved him until about a month ago. He took opium pills, two grains, two or three times a day, for about 10 days; meantime his seton began to discharge pus freely. It was not removed for two months. He made what he considered a good recovery; but tells us now that the affected limb has never since the trouble began, been quite so strong as its fellow. It is the left sciatic that is affected with pain. You will notice that the limb is smaller than its fellow. It is also colder to the touch. The nutrition of the parts has been profoundly affected. The wasting appears to have taken place in all the muscles, and is not confined to those supplied by the nerve affected with pain. You are all so familiar with the origin and distribution of the sciatic nerve, the largest one in the body, that I will not waste your time by calling your attention to its anatomy.

You notice that he says the pain follows the great nerve. Now we must account for the wasting of muscles supplied by other nerves. The extensors of the leg on the anterior of the thigh are not supplied by the sciatic nerves, but by the anterior crural nerve, and the patient has had no pain in the course of that nerve. To account for the general atrophy of the limb, we must assume that the pain, singly and alone, has exerted a profound influence over the general nutrition of the limb. The pain inhibited the action of all the other muscles. You can see that when he walks; observe the want of freedom of action; he limps in a peculiar, weak way, not like a man with a sprained ankle, but like one with weak muscles. The change in temperature of the limb may be due to want of free movements in the muscles, or the violent paroxysms of pain in the sciatic may have influenced the vaso-motor nerves so that the impaired circulation caused the weakness and atrophy of the muscles. Take either view of the case for the present. At some future time we will work the matter out more in detail. There is abundance of sciatica in the clinic. One thing is certain; the paresis or weakness of limb and atrophy are not due to changes in the motor filaments of the sciatic. The pain *per se*, so severe in these neuralgais, has a wider range of influence on the functions of other organs than we are apt to notice, unless we examine our cases with great care.

We will introduce the seton, and build up the man's general health by the liberal use of tonics. You observed as I passed the needle and drew the seton, that the man suffered no pain. Yet if I call his attention to the needle, and prick his calf, or the front of the thigh, he complains of pain. We took him so unawares with our little operation, that he had no time to frame his consciousness for the receipt of painful impressions. Perhaps his consciousness was lost in contemplating the mysteries of the nervous system, which I was trying to make clear to you. The man will return to the clinic once a week, and you can study the case and treatment for yourselves.

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Milk Sickness.

BY W. E. HUGHES, M. D., PORTAGE, WOOD CO., OHIO.

I wish to say, by way of preface, that the following article was originally read before the Wood County Medical Society, and that I was requested to hand it to the secretary for publication in some medical journal. While I felt flattered by the kind reception accorded the paper, I declined at that time, on the grounds that it had been hastily prepared, without any idea of its being published, and that I would endeavor by further observation and research, to give a clearer account of the subject under consideration. I do not desire it to be understood that I claim originality for all the views expressed in this article, as I have embodied the substance of what I have read with my own experience.

I had hoped to have entered even more fully into the subject on which I purpose to treat, but I have had my views and conclusions changed so many times, and my theories so often overthrown, that I can advance no theory satisfactory to myself, regarding the primary cause of the disease, that is known in the neighborhood in which it occurs by the names of milk sickness, sick stomach, and bilious sick stomach; in other places by the names of slows, tires or trembles, and again by the expressive name of puking fever.

Since July, 1880, I have had under my care 42 cases of this peculiar disease, peculiar in more than one sense; one peculiarity being that I have never met with a case north of what is called the Portage river, or ditch No. 12, and I am well acquainted with the country through which it runs for nearly 22 miles. I have never seen a child under 10 years of age, a woman who was suckling an infant, or a pregnant woman afflicted. You will look in vain for a description of this disease in any of the standard medical works, the reason being, I believe, that the writers of the standard text books have not met with a case, being for the most part Eastern men, living and having been brought up in localities where the disease is unknown.

A very able article appeared in the April, 1879, number of the Toledo *Medical and Surgical Journal*, by Dr. Sager, of North Washington, Hardin Co., O., in which he endeavored to trace the primary cause to a certain poison produced during the summer, and consisting of malarial germs uniting with decomposed woody substances on or near the ground, and undergoing certain zymological processes and generating fungi. These processes take place on timbered ground which has been covered with water in the spring of the year, after a time a rain comes in the summer, the poison is washed down, the cattle drink the water, the people use the milk and butter, and thus the disease is produced. Professors Neil and Smith in their compend say, "of the nature and direct cause of this disease, but little is known; it was at first supposed by many to be a variety of malarial fevers, by others a species of congestive fever, generated by a peculiar atmospheric miasma." Graaf, Simpson and others, show as the result of experiment, that the disease may be caused by the flesh, milk, butter, cheese, etc., of animals affected with the poison, whatever that may be. Some have attributed the infection of the cattle to their having eaten of the plant called hachy, or some species of rhus, or a fungus of some kind. Others contend that it is of mineral origin, tracing it to certain poisons in the soil, as arsenic, cobalt, etc. In conflict with the opinion given by Dr. Sager regarding the origin, it is shown that the disease appears where no water has covered the ground, on high lands, as sugar bushes, and moreover, water in which the poisoned meat was boiled, remained unaffected, while the meat retained its poisonous properties, thus seeming to prove that the poison is not soluble in water.

The following facts strongly point to a vegetable origin: The disease appears irrespective of the kind of soil; cultivation destroys the poison; cattle are affected only when the dew is on the ground, but the woods are dangerous at all times. While grazing animals only are affected by the original disease, their flesh reproduces it in all animals. Carnivorous animals have the disease only after devouring the flesh of herbivorous animals that have died of the complaint. In my own experience I have yet to find a case of the disease where the cows were confined to tame pasture; every one I have attended has used milk from cows that were allowed to run in the woods. In several instances the cattle had died of the disease called trembles. In one instance I saw a calf that had the disease. It had taken the milk from a cow that was running in the woods, had never been off the place, and had no other food or drink than the milk from the cow. The owner and his wife, who also used the milk, presented two of the worst cases I ever saw.

I have conversed with many of the most intelligent farmers living in the districts where the disease has appeared, and a great diversity of opinion exists among them. Some think it comes from the milk; some from the water. I have been told by one farmer, who formerly had the disease in his family every year, that since he had been in the habit of giving lime to his cattle, neither he nor his family has been troubled with the disease. His plan was to give his cattle regularly twice a week, a mixture of one-third lime and two-thirds salt, in place of salt alone; neither has he since lost any cattle by the trembles.

I would ask for consideration: Does this circumstance give any clue to the nature of the poison?

The mortality is variously stated. Dr. Banks lost 3 out of every 6 cases; Graaf 5 out of 6; Austin 2 out of 13. Hilbert's mortality was only 5 per cent. When I first encountered the disease I was inclined to doubt its being milk sickness, but since I have observed the characteristic color and smell of the ejesta, and other prominent symptoms, I can call it by no other name. I believe, however, that the disease varies somewhat in different localities, and if it is not altogether malarial, that there is nearly always a malarial complication. Several cases that I have attended have wound up with a regular ague, and these cases have made the most rapid recovery.

The disease is met in different forms: Acute, subacute or chronic, and inflammatory.

The invasion is usually rather sudden; the patient is seized with extreme nausea, violent and prolonged vomiting, faintness and prostration; the temperature of the body and extremities is below the natural standard; the skin is sometimes cold and clammy, at others dry; the countenance expresses great distress and anxiety; extreme thirst; flattening of the abdomen; terrible throbbing of the abdominal aorta: the breath acquires a peculiar fœtor, the tongue furred and swollen, speech disturbed and difficult; the bowels obstinately constipated; anorexia constant. While the heart and large arteries beat with violence, the pulse at the wrist may remain almost natural. The action of the stomach is completely retroverted, and at every effort at vomiting, a fluid is ejected of variable appearance; sometimes it is colorless, sometimes like soapsuds, at others like indigo, and this last is a peculiarity of this disease; sometimes it is yellowish or greenish, and in the most severe cases, a dirty brown. During the intermissions of vomiting, the patient usually lies upon his back, tossing his limbs about, occasionally in a partially comatose state, but is easily aroused when addressed. The irritability and retroverted action of the stomach continues throughout the disease, until convalescence restores the sufferer, or death closes the scene.

I do not pretend to say that all these symptoms are always present, but the majority of them will be seen in every well marked case. If the vomiting is not severe, the temperature will not be so low, neither will the pulse be so variable; constant nausea, by the impression upon the circulation, is the most active factor in keeping the pulse down.

I have never had an opportunity of making a post mortem examination in a case of this kind, but from what I can learn, the following are the usual appearances in a well marked case: The spleen dark and congested, the brain softened, the blood uncoagulated, and the stomach inflamed.

The disease has been looked upon by some writers as a modified form of cerebro-spinal meningitis, the only difference being the less strongly marked cerebral manifestations, and the more diffluent blood. While my own experience would hardly allow me to look upon it in this light, certain it is, that in many instances there is either severe pain in the cerebro-spinal region, or delirium, or tetanic spasm, or rigidity of the muscles of the back of the neck, and sometimes of the back and limbs. The most favorable results may be anticipated where the natural temperature is more nearly retained.

With regard to the treatment, the prominent indications are, to allay gastric irritation, to arrest vomiting, to remove constipation, to relieve the affected organs, to re-establish the peristaltic action, and to counteract the debility and exhaustion of the latter stages. When convalescence occurs, the recovery is usually rapid, and the strength soon returns, with very frequently a voracious appetite, which latter should be for a time held in check. I cannot say that I have treated any two cases exactly alike, and have had three fatal cases, two of which were complicated with other causes.

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Formulary.

FOR HICCOUGH.

Le Medecin Practicien gives the following formula for hiccough, which it accredits to Dr. Park:

℞	Potassii bromidi	ʒ j
	Tr. sumbul	ʒ ss
	Tr. hyoscyami	ʒ j
	Aquæ camphoræ, q. s. ad	℥ ij.

M.

Sig. A tablespoonful every two hours.

FOR PERTUSSIS AND LARYNGISMUS STRIDULUS.

℞	Spts. ammon. aromat	gtt. xl
	Spts. ætheris	ʒ ss
	Tr. belladonnæ	gtt. xl
	Acidi hydrocyanici dil	gtt jv
	Syrupi	℥ ss
	Aquæ, q. s. ad	℥ jv.

M.

Sig. For a child 3 or 4 years of age, a dessert-spoonful every 4 or 6 hours.

IN CHRONIC METRITIS WITH CERVICAL ENGORGEMENT.

Dr. O. E. Herrick recommends (*Obstetric Gazette*) the following ointment with which he saturates cotton which he packs into the upper portion of the vagina:

R	Vaseline	℥ iij
	Chloral hydrat	ʒ j
	Ol. erechthites	℥ ss
	Ext. hamamelis fl	℥ jss

And to this he sometimes adds

	Tr. iodini	℥ ss.

These should be thoroughly incorporated in a mortar.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Guiteau's Insanity.

Considerable space has been devoted by a number of our exchanges during the past few months, to the discussion of the sanity or insanity of the miserable wretch who is now on trial at Washington for the murder of the late President. This question is one of very considerable importance from a medico-legal point of view, and on its decision by the jury will not only hinge the fate of the prisoner now on trial, but also very largely that of future assassins. The plea of insanity is one which of late years has become stereotyped, and it is to be feared that the ends of justice have often been defeated through it. While it is a wise principle in equity to let ten guilty escape rather than to punish one innocent person, it is to be feared that the odds have been too largely in favor of the former, and that the peace and safety of society has been made correspondingly less secure. Each acquittal under this plea but intensifies the danger, by increasing the would be criminal's hope that he may through it escape punishment for his crime. The evil, however, is one of those which carries with it its own remedy. It will grow until the instinct of self-preservation becomes thoroughly aroused in society, and then men will arise and demolish the hollow sham. We lay no claims to being an "expert" on this subject, and cannot, therefore, appreciate the nice distinctions which some of our contemporaries are making, on which they seek to establish Guiteau's insanity. One of these claims the honor of having been the first to announce that the miscreant was insane, and, not being an expert, we are struck with the ingenuity which it displays in interpreting facts in the prisoner's life to sustain the validity of its discovery. Neither the profession nor the public are far enough advanced, as yet, to fully appreciate these niceties of distinction to make them practically available in criminal jurisprudence, and neither do we believe that they are ready to surrender the belief that even an appreciable degree of mental aberration entirely relieves the individual from responsibility for his acts. There may be a time in the future when alienists will be able to draw the line between crime and insanity, but until that time comes we shall advocate the belief that the individual who can discriminate between right and wrong, and who can deliberately plan a crime, and prepare a way for an escape from the penalty which attaches to it, should be held to strictly legal accountability. This Guiteau was able to do, and it will be a travesty on justice to allow his overweening egotism (the only evidence thus far adduced of his insanity), to outweigh such evidence of mental soundness.

Apropos of the above subject, the following questions which a lay contemporary (*N. Y. Graphic*) submits to insanity experts are so pertinent as to induce us to reproduce them:

Have the "experts" who test insanity, and who watch Guiteau so narrowly, ever studied their own mental states and conditions with reference to this matter? Would not a proportion of the people, thoroughly honest with themselves, be willing to acknowledge that there have been times when they were half crazy, or one third crazy, or one-eighth crazy? How many people ought to be thoroughly confident of perfect mental soundness? Does not every decade show us the fallacy of some long held agreeable, or disagreeable allusion, which in the past we have believed in, and which has influenced our acts and lives?

Is insanity punishable? Certainly it is. It is punished among us every day. Men are born with extremely irascible tempers, sour tempers, sulky tempers, and ugly tempers, who in their contact with the world are only civil as the world compels them to be. At home, fearing little or no check, they maltreat their wives by their tongue, by manner, or by fist. They are in various degrees insane, and are occasionally punished for their acts.

The patient in the insane asylum is controlled by fear and by authority, and is amenable to it. So are the unconfined patients outside.

A portion of the confined insane have skill in certain directions, and use it. They sew, they knit, they work in the garden, and would be able to do much more were proper opportunities afforded them.

Insanity, too, under asylum treatment, is in its main phases made accountable for its acts. Unruly patients are confined or threatened with penalties, and they understand this quite well enough, and govern themselves accordingly.

Here the confined and unconfined insane patient meet on common ground, and are amenable to the same corrective influences. One class, society can manage to bear with outside of prison walls, and the other it cannot.

May not, then, the limit of unconfined insanity be be drawn where society finds it necessary to protect itself from the patient?

Are not thousands born with inherent and inherited mental as well as bodily disease? Are not the two closely allied? Are there not of these deficiencies a thousand degrees and shadings?

One person is born with just sufficient will, judgment, discretion, and general common sense to be barely able to get on in the world. He is termed "simple," "reckless," a "ne'er-do-well," or "half-witted."

Another is born still less possessed of those qualities, cannot get on at all, and is cared for by friends, or placed in an asylum. Another is born with a marked degree of skill or talent in some special calling, but so entirely deficient in common prudence or discretion as to fail to apply his abilities properly, and therefore to remain all his life in pauperism or on its verge.

Why not catalogue these among the manifold shades of insanity?

Grant, then, that mental ailments and defects may exist in many forms and degrees; grant that what goes under the current name of "insanity" is but the extremer type of such ailment; grant that like "Hamlet's," a brilliant mind may become morbidly turned, obscured and diseased in some certain direction, while retaining its full powers in others; grant that mental defect may grade all the way from full ability to detect its failings and govern and seek to correct them, down to partial obscurity and partial lack of control, down still further to almost complete obscurity and lack of control, down further yet to total obscurity and control, where the light of reason is completely quenched in idiocy or madness, and it does seem that there was furnished a key to the solution of this problem, and something suggesting the future rational basis for the treatment of mental maladies.

Miscellany.

Explosive Mixtures.—Ph. L. Vreeland, Ph. G. (*Pacific Medical and Surgical Journal*) reminds the profession that the following mixtures, a number of which are quite commonly prescribed, become, in the quantities and under the conditions named, dangerous explosives:

1. Chlorate of potash, powdered galls, tannic acid. M. Ft. pulvis.—To be used for gargle. The powders should be mixed separately with water and not rubbed all together.

2. Chlorate of potash and pulv. catechu.—This combination is intended as a dentrifice. It however should not be dispensed alone. If other combinations are made the danger is averted.

3. Chlorate of potash, hypophosphite of soda and water.—If the salts are rubbed together, they will explode, but if dissolved separately in the water and mixed, no harm results.

4. Chlorate of potash, tannic acid, glycerin and water. If the tannin, chlorate of potash and glycerin, are rubbed together an explosion ensues, but if the acid is first dissolved in the glycerin and the chlorate of potash in the water and mixed, no harm follows.

5. Chlorate of potash, tr. ferri chlor. and glycerin, half an ounce of each.

This combination, so often used, when put together in the above proportions, is very liable to explode, especially if warmed.

6. Soda chlor. 2 dr.: antimon. sulph. aurat. 20 gr.

This combination, if even gently triturated, is liable to inflame with a crackling noise,

7. Lac. sulphuris 3 gr., antimon. sulph. aurat. ½ gr., zinci valer. 2 gr., potass. chlor. 2 gr. M. Ft. pulvis. Make ten alike.

This mixture will explode, however carefully prepared.

Potash permanganate, when associated with any readily oxidizable substance, such as glycerin, explodes

8. Chromic acid 10 gr., glycerin 1 dr.

This mixture is liable to explode, unless the glycerine is added to the acid drop by drop.

Iodine and ammonia form a very powerful explosive agent when combined, unless some water is introduced into the mixture, which seems to retard the development of nitrogen iodide, upon which the explosive properties depend.

9. Iodine ʒ ss., linim. camph. co., linim. saponis ää ℥ ij. M. F. Linim.

This combination exploded once in the hands of a pharmacist from the iodine and the ammonia in the liniment camph. co. coming in contact.

10. Acidi nitrici ; acidi muriatici; tr. nucis vom., ää ʒ ij. M.

This prescription was ordered by a physician, and exploded after several hours.

11. Acid. nitro-mur., ℥ j, tr. cardamoni ℥ ss. M.

Also this combination was the cause once of a serious injury.

Cariatides from Cadavers.—*Chicago Medical Journal and Examiner*: An engineer of Havana, named Crulz, proposes the following way of embalming. The body is placed in a bath composed of equal parts of lime and clay, dissolved in a sufficient quantity of water, then it is covered with another layer of natural cement, destined to absorb the excess of water, after which the cadaver is submerged in a bath of pitch, and covered finally with a layer of lime; the contact only between the lime and the calcareous cement being sufficient to solidify the pitch rapidly; a thick coating being formed in this manner, which possesses the same properties as the pitch of Judea, a substance to which the Egyptian mummies owe their peculiar indestructibility. As can be readily understood, a subject so prepared can exhale no marked odor; the different layers of lime, clay and pitch forming around it a kind of solid wrapping, which is opposed effectually to the disengagement of gases. A cadaver, after being treated in this manner, is deposited in the interior of a mould, which is filled with the following mixture, that very soon solidifies, and is transformed into stone: Cement, five parts; sand, three parts; ashes, two parts; water, a sufficiency. The stones which are obtained by this process acquire a remarkable solidity. Obituary inscriptions can be engraved upon them; they can be placed in mausolea, or may serve for the construction of sepulchral monuments of various forms. (*Boston Med. and Surg. Journal.*) We would suggest silicate of potassium (liquid glass) as a coat, which would be highly artistic, and through this process lawns and gardens could be adorned with the well-preserved persons of ancestors, in place of common statutes. Or, if preferred, the busts of grandparents could be in the same manner preserved and utilized as mantle ornaments, which would enhance the veneration for the departed.

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THE SAMPLE COPY FIEND.—We cheerfully embrace the opportunity of copying the following from the St. Louis *Med. and Surg. Jour.*, which we submit as a reply to some recent strictures on our refusal to send specimen copies gratis:

Newspapers and their editors have a horror for a certain class of individuals who are known as "Exchange fiends." Medical journals have a still greater evil to contend with in the "Sample Copy fiend." He is an individual who obtains all his medical literature at the cost of a few postal cards. He sends a request for a sample copy, darkly insinuating that he may become a prospective subscriber. This he does to impose on the good nature and credulity of his intended victim. He succeeds almost invariably, and looks about him for another, and so continues his nefarious traffic until, in a few years, he comes back again to the first, and is always supplied with medical journals.

We have lost quite a good deal of money, by such business, and we would suggest to medical editors form an alliance by which lists of these "fiends" could be exchanged and they repulsed with a deserved sneer. They prey upon the medical publisher, and must be put down, and now is as good a time as any we could suggest. We have a list of names that cost us between eighty and ninety dollars, which we will cheerfully send for the small remuneration of a one-cent stamp, providing that the editor receiving it will kindly reciprocate on the same terms.

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EARLY EXPERIMENTS IN BOVINE INOCULATION.—*Lancet:* It is generally supposed that the attempt to prevent the contagious diseases of animals by prophylactic inoculation, after the manner of vaccination, is entirely a result of the latest developmens of pathological science. M. Bouley, however, at a recent meeting of the Académie de Médicine, pointed out that this is an error. In 1852 a similar attempt was made in Holland. The experiments were designed to confer immunity against the contagious pleuro-pneumonia, the infectious nature of which, and the protection conferred by an attack, however mild, were pointed out in 1850 by a French Commission appointed at the suggestion of M. J. B. Dumas. The Dutch experiments, however, failed completely, probably in consequence of the mode of inoculation. The place selected was the loose skin below the neck, where the subcutaneous tissue is abundant. When the virus of the pleuro-pneumonia is inoculated into such loose cellular tissue, it causes a rapid inflammatory infiltration of such intensity that gangrene and death almost certainly ensue. If, however, the inoculation is made in a situation in which the subcutaneous cellular tissue is dense and scanty, the local effects are slight; the animals escape the immediate results of the inoculation, and acquire the desired immunity. This was recognized a little later by a Dutch observer, Willems de Starrett, who chose the root of the tail as the place of inoculation. Of 16 oxen inoculated in the throat, 12 died from the local process, Of 16 others which were inoculated on the tail, all survived; and subsequent inoculation in the neck had no effect.

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ABSORBENT COTTON —*Amer. Jour. Pharm.:* Take of the best quality of carded cotton batting, any desired quantity, and boil it with a 5 per cent. solution of caustic potassa or soda for one half hour, or until the cotton is entirely saturated with the solution,and the alkali has saponified all oily matter. Then wash thoroughly, to remove all soap, and nearly all alkali; press out the excess of water, and immerse in a 5 per cent. solution of chlorinated lime for 15 or 20 minutes; again wash, first with a little water, then dip in water acidulated with hydrochloric acid, and thoroughly wash with water; press out the excess of water, and again boil for 15 or 20 minutes in a 5 per cent. solution of caustic potassa of soda; now wash well, dipping in the acidulated water and washing thoroughly with pure water. Afterwards press out and dry quickly.

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MICHIGAN COLLEGE OF MEDICINE ABROAD.—Drs. E. A. Kauffman and G. W. A. Ross, of this city, graduates from the Michigan College of Medicine, Detroit, last spring, are now in Europe whither they went to further prosecute their studies. Dr. Ross in a letter dated Glasgow, Scotland, and just received says regarding his Alma Mater: "We experienced no difficulty on presenting our diplomas in securing recognition and credit for our time and work. The Michigan College of Medicine stands well here and the secretary of the College was much interested in the new school. We have been handsomely treated. I am now attending the Royal Infirmary which has 800 beds. Tell the students that if they contemplate a visit to this country they can have no better passport than the diploma of the Michigan College of Medicine."

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The *British Medical Journal* quotes as follows from a letter by Dr. R. F. Weir, in the *N. Y. Medical Record:* "a student may graduate without ever having dissected any part of the human body, without even witnessing or attending a midwifery case, or without ever being present at a hospital clinic."

This, says our English contemporary, will explain why American diplomas are not accepted without question as licenses to practice in Great Britain, a fact which excites the indignant remonstrances of some American writers.

Da Costa: Be positive. Nothing is worse than a vacillating physician, whom each notion, each wish of the patient each suggestion of nurse or family affects. Blown hither and thither by every breath, incapable of taking a broad view of the case, his treatment soon becomes as irresolute as himself, and directions and bottles accumulate with bewildering rapidity. The fewer drugs that are used the better; the greater the decision with which drugs are used the better.

West, at International Medical Congress: We talk no longer of worm fever, remittent fever, and so on in children; for under these various names we recognize the one disease, typhoid fever, varying in severity, but marked always by its own characteristic symptoms.

Messrs. D. Appleton & Co., have issued the following announcement: The *North American Review*, although published by Messrs. D. Appleton & Co., is owned and wholly controlled by its editor. Messrs. Appleton & Co., in view of recent articles that have appeared in it, will decline to act even as its publishers after the close of the present year.

The *Medical News and Abstract*, edited by Dr. I. Minis Hays, and published by Messrs. Henry C. Lea's Son & Co., heretofore a monthly journal will enter the New Year, the fortieth of its publication, as a weekly and the price advanced to $5.00. We are pleased to note this evidence of increasing popularity of this sterling periodical.

At the late International Medical Congress thirteen nationalities were represented. One hundred and nineteen meetings of the various sections were held, in which 464 papers were read.

A coroner's jury verdict lately read: "The deceased came to his death by excessive drinking, producing apoplexy in the minds of the jury.

Book Notices.

THE SCIENCE AND ART OF MIDWIFERY. By Wm. Thompson Lusk, A. M., M. D., Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College; Consulting Physician to the Maternity Hospital; Visiting Physician to the Emergency Hospital; Gynæcologist to the Bellevue Hospital, etc., etc. With numerous illustrations.
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

There have been but few American authors among those who have of late years given to the profession text books on obstetrics, and for this reason, prominently among others, we hail with delight the work now before us. While the science and art of midwifery are less affected by diversities of race and climate than are other divisions of medicine, there are reasons, especially when midwifery and gynæcology are considered as essentially one and the same division of medicine, as our author considers them, why American practitioners should be guided in their practice by works based on observations in American practice. Dr. Lusk is peculiarly fitted by education and experience to be an exponent of American midwifery, and his book bears evidence throughout of great care and matured judgment. The more recent views based on an advanced knowledge respecting the physiology and pathology of pregnancy, labor and childbed have been subjected to crucial clinical tests. The immense experience of the German maternities has been utilized, and the advances which German obstetrical writers have made through a painstaking utilization of this experience have been, in so far as they have been susceptible of verification by the author, incorporated in the book. In order to make room for a record of these advances much of the historical and controversial matter which goes to make up the bulk of most other text books, has been omitted. Special attention is given to operative midwifery and to the treatment of complications of pregnancy, labor and the childbed. The peculiarity of the work, however, is its attention to the physiology of these processes, including the physiology of the ovum, and to the prominence which is given these as guides to the correction of pathological conditions.

The style of the author is very chaste, the publishers have done their part most handsomely, and we may say, in no hackneyed sense of the term, that the library of the physician of this country who aims to be forward in his profession, is incomplete if it do not contain this latest American work.

A PRACTICAL TREATISE ON HERNIA. By Joseph H. Warren, M. D., Member American Medical Association; British Medical Association; Massachusetts Medical Society; Formerly Surgeon and Medical Director U. S. A., etc., etc. Second and revised edition. Fully Illustrated,
Boston: James R. Osgood & Co.

This is one of the most exhaustive treatises on hernia extant. The author's name has long been identified with the subject of hernia, and his views command attention. The work is devoted to a consideration of the causation of hernia, the anatomy of the various varieties and the various operations for their relief, the description of these operations being accompanied with reports of illustrative cases. A bibliography is also appended which is calculated to impress one with the greatness of the research which the author has made preparatory to the preparation of the book.

Mention is made and a description given of the author's operation for the cure of hernia by injection, the same being a modification of Heaton's method. The claim is made for it that as performed by the author himself it has in no single instance been followed by fatal result. It consists in passing the needle of a syringe, devised by the author himself and filled with the injecting fluid (fluid extract quercus alba), through the integument at the proper point above the rings, and the fluid is then forced out. The liability to disastrous peritonitis as a result of this operation is in the author's experience, nil.

Barring a little floridness of style the subject matter is well presented, and the book as a whole is one to be commended. The publishers have presented the book in excellent shape both as to paper and binding and typework.

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS. By Henry M. Lyman, A. M., M D., Professor of Physiology, and Diseases of the Nervous System, in Rush Medical College, Chicago, Ill., and Professor of Theory and Practice of Medicine in the Woman's Medical College, Chicago, Ill.
New York: Wm. Wood & Co.

This is the September number of Wood's Library of Standard Medical Authors for 1881. The following quotation is from the author's preface, and gives a just conception of the nature of the work: "Into the following pages I have endeavored to distill all the excellence of the writers who have investigated the subject of Artificial Anæsthesia. The practised expert will, therefore, everywhere recognize the quality of Perrin, of Simpson, of Sansom, of Anstie, of Turnbull, of Kappeler, and of Rottenstein. To this fine ethereal essence I would fain have added something of substantial value, but the unyielding limits of the time within which my endeavors were necessarily restricted would permit no such gratification. To the consequent inequality and insufficiency of a work performed without access to any library of importance. I must ask the forbearance of a generous profession."

We have no disposition to criticise either the taste or English of this quotation, and will leave our readers to place their own construction on the statement: "To this fine ethereal essence I would fain have added something of substantial value." An author, in these days, has no right to place before the profession a book for which he honestly feels that "the forbearance of a generous profession" is necessary, and the craving of such forbearance is a very bad introduction. An examination of the book, however, shows it to be an admirable condensation of the various standard writers on the subject of anæsthesia, and is a valuable compilation even though Dr. Lyman failed to add "something of substantial value."

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M. A., M. D., F. R. S, Prælector in Physiology and Fellow of Trinity College, Cambridge. Second American from the third and revised English edition with extensive notes and additions By Edward F. Reichert, M. D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. With 259 illustrations.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

The first American edition of this work was exhausted within a year, and that now issued is a response to a demand from the profession. It would be superfluous to say aught in regard to Dr. Foster's position as a physiologist, or, indeed to offer anything in commendation of his book. The fact that the book is better adapted to the wants of the practitioner than any other book published, is undisputed, and it is now very universally recommended by the medical schools as a text book for senior students. There are more fitting books for the beginner, and Foster's Physiology presupposes a knowledge of the more elementary subjects discussed in these books, but for the practitioner who recognizes the necessity of a knowledge of physiology as an aid to diagnosis, it has no equal. The secret of its adaptability to the wants of the physician lies largely in the fact that the author recognizes no distinct line of demarcation between physiology and pathology, seeing no greater necessity for such a distinction than there exists for a division of meterology into a science of good weather and a science of bad weather. It is only by regarding pathology as a disturbed physiology that the latter can be made of the greatest practical utility by the practitioner.

The American editor has supplemented the English edition by a number of additions which increase its value to the student, such additions consisting chiefly of the more elementary matter necessary to a comprehension of statements of the author on different subjects.

THE THERAPEUTICS OF GYNÆCOLOGY AND OBSTETRICS Comprising the Medical, Dietetic and Hygienic Treatment of Diseases of Women. Second edition, thoroughly revised and greatly enlarged. Edited by William B, Atkinson, A. M., M. D., author on "Hints in the Obstetric Procedure;" Lecturer on diseases of Children at the Jefferson Medical College; Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, etc.
Philadelphia: D. G. Brinton, 115 South Seventh Street.

The reader who is familiar with the plan of "Modern Therapeutics" projected by the late Dr. George H. Napheys, and published by Dr. Brinton, will understand precisely the nature of the book now before us. Its aim is to present the most valuable hints collated from the experience of leading practitioners throughout the world. The nature of the work precludes all reference to the consideration of the nonpractical questions involved in the diseases discussed. It, of course, presupposes a knowledge of these on the part of the reader and confines itself purely to practical points. Dr. Atkinson has shown admirable discrimination, and the book may justly be regarded as a mirror of the modern therapeutics of gynæcology and obstetrics.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College; Physician to Charity Hospital; Physician to the N. Y. Foundling Asylum; Consulting Physician to the N. Y. Infant Asylum, etc., etc Fifth edition, thoroughly revised. Illustrated.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

The call for this new edition of Dr. Smith's book attests the esteem in which it is held by the profession. In the edition before us there are evidences of improvement on those which have preceded, and on which the reputation of the work is established.

Dr. Smith is a conscientious worker, and his opportunities for experiment and observation have been unsurpassed. It would be hazarding nothing to say that there is not in the language a more reliable guide than this book to the treatment of the affections which it discusses, while the pathology and symptomatology of each receive sufficient attention to constitute a foundation for the rational exhibition of the curative measures recommended. The volume before us is presented in the half Russia binding with raised bands which the enterprising publishers have recently introduced.

Eczema and its Management. A Practical Treatise based on the Study of two thousand eight hundred cases of the disease. By L. Duncan Bulkley, A. M., M. D., Attending Physician for Skin and Venereal Diseases at the N. Y. Hospital, out-patient department; Dermatologist to the Hospital for Ruptured and Crippled; late Physician to Skin Department, Demilt Dispensary, New York, etc.
New York: G. P. Putnam's Sons.

The general practitioner whose literature of eczema consists only of the few pages which the ordinary text books devote to the subject, will find it difficult to conceive the possibility of an octavo volume of upwards of 350 pages devoted exclusively to it. And yet we have before us just such a volume, and it is replete with substantial pabulum throughout, there being no resort to the cheap device of inserting a lot of irrelevant matter with the sole object of adding to the size of the book. A certain eminent philologist had only one regret on his death bed, and that was that he had not devoted his life to the study a particular Greek verb. Dr. Bulkley need have no such regrets as far as eczema is concerned, for he has evidently gone to the bottom of it and has given us the most exhaustive treatise on the subject extant.

Walsh's Physicians' Handy Ledger, A Companion to Walsh's Combined Call-Book and Tablet. Published by Ralph Walsh, M. D., 332 C. Street, Washington, D. C. Mailed, prepaid, on receipt of $3 50.

This is another of the attempts to supply that "long-felt want" of the busy practitioner, viz, an easy method of keeping books. Doctors, as a rule, are not only very indifferent business men but are also very slipshod in the matter of accounts, and the publisher who devises some scheme whereby bookkeeping may be made easy, or comparatively easy, is a benefactor. Dr. Walsh has evidently "been there" himself, and the system he has devised is a good one, and reduces the trouble to the minimum. The call book, a copy of which is also before us, is the companion to the Ledger and by using both of them we see little difficulty, with the exercise of a little attention to the matter in keeping accounts straight. Ledger and Call-book are calculated for any year.

The Medical Record Visiting List or Physician's Diary for 1882.
New York: Wm. Wood & Co., 27 Great Jones St.

Two varieties of this list are published, both interleaved, 30 patients and 60 patients, elegantly bound in extra finish, red and green leather, gilt edges. Price $1.25 and $1.50. The list proper is preceded by 16 pages devoted to items of a practical character, dosage, antidotes to poisons, methods of artificial respiration, etc. This list is the most elegantly gotten up of any in the market and is remarkably cheap.

Eighth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Year ending Sept. 30, 1880.
Lansing: W. S. George & Co., State Printers and Binders.

Much of the contents of this volume has already appeared in the reports of the regular meetings of the Board with which the obliging secretary has furnished the medical journals. Some fault has been found with the delay in issuing this annual report, but while it would certainly have been preferable to have had it issued more promptly after the close of the fiscal year, the papers and reports which it contains are of such permanent interest as to be but slightly affected in their value by the few months' delay. The report shows much care in its preparation and does great credit to the indefatigable secretary, Dr. Baker.

Library of Medical Classics Published Semi-monthly. $8.00 per year.

No. 1. A Practical Manual of the Diseases of the Rectum. By Henry Smith, F. R. C. S., Surgeon to King's College Hospital, etc. Price 25 cents.

No. 2. Clinical Lectures on Diseases of Women, delivered at St. Bartholmew's Hospital. By J. Mathews Duncan, M. D., LL. D , F. R. C. S. E., etc. Price 35 cents.

No. 3. A Manual of Venereal Diseases, for Students and Practitioners. By Berkeley Hill, Professor of Clinical Surgery in University College, London, etc., and Arthur Cooper, late House Surgeon to the Lock Hospital. Price 20 cents.

The issue of this work is a new enterprize by Bermingham & Co., of 1260 Broadway, N. Y. The subjects thus far selected are, it will be seen, of much practical interest, and the issue of the numbers at semi-monthly intervals and at the prices specified place them within the reach of the mass of the profession.

Translations of the Medical Association of the State of Missouri, at its 24th Annual session, held at Mexico, Mo., May 17, 18 and 19th 1881.
St. Louis: J. H. Chambers & Co., Printers, 405 North Third Street.

Transactions of the Michigan State Medical Society for the year 1881.
Lansing: W. S. George & Co., Printers and Binders.

Report to the Illinois State Medical Society on Laryngeal Tumors. By E. Fletcher Ingals M. A.. M. D., Lecturer on Diseases of the Chest and Physical Diagnosis and on Laryngology, Rush Medical College, and Professor of Diseases of the Throat and Chest, Woman's Medical College, Chicago. Reprint from Transactions Illinois State Medical Society.

The Use of Hot Water in the Local Treatment of Diseases of the Eye. By Leartus Connor, M. A., M. D., Detroit, Mich. Reprint from *American Journal of the Medical Sciences*, October 1881.

Classification of Skin Diseases Employed at the Michigan College of Medicine, Detroit, Hospital Clinics, Department of Diseases of the Skin. By C. C. Yemans, M. D., Professor of Dermatology and Genito-urinary Diseases.

This classificaton is substantially the one adopted by the American Dermatological Association. It is here presented on a heavy piece of card board with a single fold, making four pages, and is in very convenient form for the student. Price ten cents.

How to Use the Bromides. By George M. Beard, A. M., M. D., Member of the American Neurological Association. Reprint from the *Journal of Mental and Nervous Diseases*, July 1881.

The City of Mobile and the Gulf Coast as a Winter Resort. By Wm. H. Anderson, M. D., Professor of Physiology in the Medical College of Alabama, etc., Mobile Alabama.

Reform in Medical Education the Aim of the Academy. Annual Address before the American Academy of Medicine by Edward T. Caswell, President, Providence, R. I.

Rudolf Virchow. An address introductory to the course of lectures, College of Physicians and Surgeons, New York, by A. Jacobi, M. D., Clinical Professor of Diseases of Children. Reprint from *Medical Record* October 22, 1881.

Atresia of the Vagina and Uterus. By A. F. Erich, M. D., Professor of Diseases of Women, College of Physicians and Surgeons, Baltimore, M. D. Reprint from *Atlanta Medical Register*, November 1881.

Contagious Diseases,—Scarlet Fever, Diphtheria, Small-Pox, Typhoid Fever, etc.' General Rules for their Prevention and Restriction. Issued by the Michigan State Board of Health.

Chronic Club Foot, Successfully Treated Without Tenotomy by continuous Extension and Stretching. By James S. Green, M. D. Reprint from *N. Y. Medical Journal and Obstetrical Review*, November, 1881.

Original Articles.

[A Clinical Lecture at the Michigan College of Medicine Reported by A. Thuener, M. D., Assistant Surgeon to the Michigan Eye and Ear Infirmary.]

Sympathetic Eye Trouble—Enucleation, Convergent Squint—Causes—Treatment.

BY C. J. LUNDY, M. D., PROFESSOR OF DISEASES OF THE EYE, EAR AND THROAT.

Gentlemen:—The first patient I bring before you is Master Willie G. æt. 6. The history of his case is briefly as follows: About six months ago his left eye became inflamed and the inflammation soon assumed a violent character. The eye was very painful, and for a time his suffering prevented all sleep; the lids were swollen and œdematous; chemosis of the conjunctiva was quite marked, and sight was soon reduced to mere perception of light. The inflammation had existed about three weeks when the little patient was first brought to consult me at the Michigan Eye and Ear Infirmary on the 3rd. of last May, at which time the acute symptoms had mostly subsided. The boy was said to have had "malarial fever" when his eye was inflamed, and while this may have been the case, yet it is possible that the local inflammation was the cause of the constitutional disturbance supposed to have been of malarial origin. Malaria, like charity, "covers a multitude of sins."

On May 3rd. I made the following observations regarding his case: The eye-ball was much congested and reddened, somewhat wasted, quite soft (tension minus two) and was painful on pressure over the ciliary region and choroid. The anterior chamber was almost obliterated, showing that the tension of the eye-ball had been so increased that the iris and crystalline lens had been pushed forward almost in contact with the cornea. In this abnormal relation they had remained, notwithstanding that the globe had become quite soft. Posterior synechia (attachment of iris to lens capsules) existed at different points. The lens was quite transparent, and behind it could be seen the yellowish-gray, purulent vitreous giving a reflex slightly like cataract. From cataract it was readily distinguished, however, for oblique illumination showed the opacity to be a considerable distance (nearly 1-6 of an inch) behind the pupillary margin, and the space between the two was occupied by a transparent body—the crystalline lens. The opacity of the vitreous prevented examination of the deeper structures. This, undoubtedly, had been a case of acute, purulent choroiditis. The ciliary body and iris subsequently became involved in the inflammatory process; but, at least so far as the iris was concerned, the inflammation was of a plastic rather than of a purulent nature—that is, the inflammatory product resulting from the iritic inflammation was mainly fibrinous in character, while that from the choroiditis was largely cellular.

Purulent choroiditis more usually results from injuries to the globe, as in the case of the young man whom you recently saw in the hospital; or it may occur as a metastatic inflammation, as for example, in certain puerperal conditions; or it may occur during an attack of cerebro-spinal meningitis, an example of which some of you saw not long since in the clinic. But in the case of our little patient, it was, so far as I can ascertain, idiopathic in its origin; and it was probably the result of exposure to cold and wet.

A chronic purulent choroiditis has supervened upon the acute, and the wasting and destruction of the eye-ball have continued. The lens has finally became cataractous as the result of disturbance in its nutrition. At times the inflammatory action has partially subsided but at short intervals an exacerbation in the form of an acute or a subacute attack has always followed. Thus it has been during the past several months, but the trouble in the blind eye is not the only one which annoys our little patient. A very disagreeable feature of the case is, the sympathetic disturbance in the fellow eye. This, a times has been very marked, but at the present the integrity of the fellow eye is seriously threatened, and unless the blind, diseased eye is removed, the result may be a very grave one. By sympathetic disturbance you will understand an abnormal condition which, through sympathy, so called, a diseased eye produces in its fellow. This may show itself in the milder form, which we designate "sympathetic irritation," such as is present in the case before you. In this case you may observe there is marked photophobia, ciliary congestion, profuse lachrymation, dimness of vision, etc. The boy's mother tells us that at times she has been obliged to shade the windows, and that at night no light could be kept in the room on account of the annoyance produced. The symptoms have not always been so marked, but with every exacerbation of the inflammation in the blind eye, the sympathetic irritation has become aggravated. You will notice that most of these symptoms are indicative of disordered functions. They differ from those in which we find the severer forms of sympathetic trouble, viz., sympathetic ophthalmia, in which the sympathizing eye may be attacked by an iritis, an irido-cyclitis, a neuro-retinitis, etc. The advent of sympathetic ophthalmia is a most unfortunate occurrence, for, in most instances it either destroys all useful vision or causes total blindness.

While penetrating wounds of the globe with retention of a foreign body, and particularly wounds in the ciliary region, with their sequelæ, usually produce the conditions which are most likely to be followed by sympathetic trouble, yet we meet a certain number of cases like the one before you, in which it occurs after a painful but uncomplicated inflammation of the uveal tract.

Various theories have been advanced to explain the modus operandi by which disease in one eye produces sympathetic disturbance in its fellow. You all have seen examples of functional disorders of the stomach caused by a pregnant uterus. Such disorders are said to be produced through the medium of the sympathetic, but the explanation does not make the matter much clearer. These are examples of purely functional trouble, and they do not lead to anything more serious; but in the eye the spmpathetic disturbance assumes a character not witnessed elsewhere in the human economy; and, as already stated, it often proves a source of great danger and even of calamity. That the ciliary nerves, and especially the short ciliary nerves, (the latter contain branches of the sympathetic) are the media through which sympathetic eye trouble may be produced, in most if not in all cases, does not admit of doubt, for section of these nerves (the short ciliary) without removal of the eye, has, in numerous instances, relieved sympathetic trouble as promptly and as effectually as would enucleation itself. Indeed, it was only this morning I saw a patient for whom I had made section of the optic and ciliary nerves several months ago, and in whose eye no sign of sympathetic disturbance has since shown itself. However, there seems to be reliable evidence to show that sympathetic eye trouble is occasionally produced in other ways than through the medium of the sympathetic. While sympathetic irritation only is present, and before sympathetic inflammation has actually begun, the enucleation of the diseased eye removes all danger in nearly or quite all cases. If, however, sympathetic ophthalmia, has really shown itself, the enucleation may be of little or no avail in checking the destructive process. In the case of this little patient, I confidently expect that the enucleation of the blind eye will be followed by a cessation of all disturbance in the other, notwithstanding that a different opinion has been given by another physician. The loss of a blind, diseased and painful eye is very trifling, while the risk of allowing it to remain is, in many instances, greater than you should be willing to take. Therefore, if in practice you meet a case like the one before you, you should either operate at once or decline the responsibility of the case.

[Under chloroform the enucleation was performed in the usual manner. Reporter.]

The after-treatment will consist of cold compresses during the rest of the day, and to night a piece of soft cotton or lint spread with borated cosmoline will be laid upon the lids with a light bandage. For several days—or until the discharges cease—the house surgeon will gently syringe out the "socket" three or four times daily with a one per cent. solution of boracic acid. Under this plan the healing of the "stump" progresses in a most satisfactory manner.

Case 2.—The next patient is Emma H., æt. 6. As you will observe she has convergent squint or strabismus. Her mother tells us that till two years ago this squint was not observable, but about that time it was noticed that she squinted when looking at near objects. That condition was what is known as periodic squint. Concomitant squint is a term also applied to such cases, because the squint is associated with efforts of accommodation. After a time it was observed that the little patient squinted with either the one or the other eye nearly or quite all the time. The term alternating squint is applied to this condition. However, although this little patient sometimes squinted with the right eye, it was observed that it was the left eye which deviated most of the time, and this deviation, on the part of the left, has gradually come to be constant. Let us enquire into the causes of convergent squint. Hypermetropia is the cause (indirect) of convergent strabismus in the vast majority of cases. In young persons four fifths, or more, of all the cases are due to this cause. It is occasionally the result of paralysis of the opposing (external rectus) muscle. You will remember the two patients whom I recently brought before you, in whom convergent strabismus was the result of paralysis of the external rectus muscle of one eye in each case. Weakness or stretching of the external rectus muscle from any cause may permit the eye to deviate inward. Impaired vision, especially when occurring in youth occasionally leads to convergent squint. Our little patient is hyperopic, and hyperopia is a prolific source of this form of strabismus, and for the following reasons: It is only by great strain upon the muscle of accommodation that hyperopic persons can see near objects distinctly, if they see distinctly at all. Every considerable effort of accommodation is necessarily accompanied by a corresponding degree of convergence of the visual axes, because accommodation and convergence cannot be disassociated, except to a slight degree. This frequent and powerful convergence of the visual axes in hyperopic patients finally leads to a preponderance of power in the internal recti-muscles in a certain number of cases, and one or the other eye deviates inward. When one eye squints, diplopia or double vision is the result, because the images are not formed upon corresponding portions of the retinæ. To avoid the annoyance which diplopia produces the patient learns (quite readily in youth) to ignore or "suppress" one of these images—that is, he fails to take mental cognizance of the fact that an image is formed upon one of the retinæ. The image formed upon the retina of the eye having the greater visual defect is the one which is likely to be suppressed.

The proper management of such a case as the one before us is of considerable importance. Had our little patient applied for relief when the squint was periodic—that is, when she squinted only while looking at near objects—we could in all probability have prevented the occurrence of permanent squint by correcting her hyperopia with suitable convex glasses. By neutralizing her hyperopia with convex lenses, she would have been enabled to see near objects without submitting the ciliary muscle and the interni to excessive strain. Thus by avoiding great strain upon the internal recti she might have preserved the proper balance of power between the internal and external recti muscles and might have prevented the development, in the interni, of that "preponderance of power" already referred to. Now, however, it will be necessary to resort to operative interference, and presently I shall snip the tendon of the internal rectus of the left eye. The degree of squint which can be corrected by one operation does not exceed five, or at the most 6, m. m. In our patient's case we may not be able to completely correct the squint by a single operation, for the squint is fully 6 m. m. If the degree of squint remaining (if any) is but quite slight, we may, in a patient of her age, trust to the use of spectacles to bring about a correction in time. From such a course I have found very satisfactory results in other cases. If, however, the degree of squint is at all considerable, after the first operation, it will be better to snip the other internal rectus after a lapse of ten days or two weeks. [The patient being under chloroform subconjunctival section of the tendon was made. Reporter.] After section of the internal rectus, the external rectus, being unopposed, rotates the eye outward to a certain extent. Within a short period the tendon of the internal rectus reünites with the sclerotic, but at a point behind its original attachment. This has the effect of not only weakening the power of the internal rectus muscle, by placing its attachment nearer the equator of the globe, but it is also equivalent to lengthening the muscle, inasmuch as it shortens the distance between the points of its origin and insertion.

The after-treatment in such cases will consist of cold water dressings for a few hours.

In many of these cases the squinting eye becomes, to a certain extent, amblyopic from want of use, and this is the case with our patient. To remedy this defect, I shall direct that the good eye be tied up for an hour or more each day, thus compelling her to depend upon and use the amblyopic eye, and thereby develope its "visual power."

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[Reported by Mr. J. R. Arnold, student.]

Vivisection—Course in Experimental Physiology.

BY PROF. HAL C. WYMAN, M. D., MICHIGAN COLLEGE OF MEDICINE, DETROIT.

Gentlemen: I desire to demonstrate by actual experiment the various offices performed by the larynx, chest, and pneumogastric nerve in, what we may call, the mechanics of respiration. You have listened to my lectures during the last few weeks upon the subject, respiration, and have read the several standard works about it Now I hope to place the matter before you so that there can be no misunderstanding or forgetting the facts.

My assistant brings before you this fine looking dog; fanciers would call him a spaniel. He is large, intelligent, with fine respiratory apparatus; I want you to notice that he expands his chest something like a man, with every inspiration. It must be apparent to you that muscular force is essential to the passage of air into the chest. If you observe him closely you can fancy that you *see* the air enter at the nostrils, pass through glottis, larynx, trachea, bronchii, and halt in the air cells before the thin wall which constitutes the partition between the air cells and pulmonary capillaries. After a moment's repose, it returns over the same route by which it entered, but it seems to do so of its own accord. You can see no strong muscles contracting to drive it out. Inspiration—the passage of air into the chest—you may say, then, is active, requires the contraction of certain muscles, *i. e.*, the lifters and extensors of the ribs, and the diaphragm. Expiration—the passage of air out of the chest—is passive, requires no muscular contraction, but is due to the recoil of the ribs and lungs, because of their inherent elasticity.

I want you to remember the difference between inspiration and expiration, because it gives you positive information concerning the significance of certain sounds which may be heard in the chests of persons sick with lung diseases. For example, if you applied your ear to this dog's chest, you would hear the air penetrating to every part of it while it expanded. Now, if you should hear some unusual sound at such a time, say a crepitant râle, or crackling sound, you would know that the unusual sound signified some lesion of the parts over which the air passed during inspiration. It would signify some obstruction to the free expansion of the air cells.

On the other hand, if you found that the period of silence which accompanies the recoil of chest wall and lungs, was unusually prolonged, it would signify to you that there was some lesion of the parts concerned in driving the air out of the chest. The air cells, you would argue, were deficient in force, and the part of the lung thus affected, you would say, was emphysematous.

Hence, gentlemen, the clinical value of experimental physiology. It gives you practical information. You will observe one thing more about the inspiration of this dog. The nostrils dilate to admit the air when the chest expands, just as you have seen them dilate in persons sick with diseases which hindered the free passage of air into the lungs. Babies, long before they can talk, will tell you by the active contraction of the little muscles which dilate the nostrils, that they are sick with lung disease.

We will now fasten the dog in the trap here, and study the movements of the larynx in respiration. We must be careful in giving the chloroform, because dogs are very susceptible to its deadly influence. Dogs are very philosophical in their relations to the vivisector. They do not resist when resistance is useless. Make one perfectly secure, as in the trap here, and you will not see a sign of distress while the tissues are being incised. It is very seldom that we need the sensation of these animals as a factor in our experiments, therefore you seldom witness the cruelty of a vivisection without an anæsthetic.

We will begin our work by making this incision quickly from near symphysis of jaw to the top of sternum, in median line. You see the skin is easily pulled away, showing the muscles which depress the larynx and hyoid bone. By this transverse cut we divide the muscles on both sides of the trachea down to the trachea, and turn back the flaps. The hemorrhage which you notice is easily controlled by sponging. Observe the twitching of the muscles when I pinch or prick their cut ends. It demonstrates the independent excito-motor properties of the spinal cord. The chloroform inhibits the consciousness of the cerebrum, but has not affected the consciousness of the cord: The dog feels the irritation, and responds to it by the quiver of the muscles, but does not know it. We have exposed the trachea and the anterior of the larynx. We dissect down with handle of scapel between trachea and sterno cleido muscles, and expose the carotid artery and pneumogastric nerve. You observe the nerve is almost as large as and quite adherent to the artery. We separate them and pass ligature about each. We do this on both sides of the neck. The ligatures are long, and reach out of the wound, so we can quickly reach the vessels, and rescue them in case there should be serious hemorrhage. Blood does not always interfere with the work of the surgeon, but in a vivisection of this kind you want as little of it as possible. You can study the movements of the parts to better advantage without it, and you soon learn to separate the tissues and follow the course of the arteries, veins and nerves neatly and cleanly, as in a dissection of the cadaver. The ligature is passed in a loop about the nerve, the better to enable us to reach it quickly when we want to divide it. Now we will dissect along both sides of this trachea, beginning near the root of the neck, and working carefully upwards until we find the recurrent laryngeal nerves branches of our pneumogastric.. We have little trouble in finding them, but must be careful in passing the ligature, because these nerves are delicate, and very sensitive to trauma. You must think of these nerves when you remove tumors from this part of the human neck.

Now we want to see what is taking place in larynx and trachea during inspiration and expiration. Observe, when the dog's nostrils are obstructed by my hand, how the trachea collapses under atmospheric pressure. You may some day see this when operating to open the trachea of an infant, whose glottis is obstructed by croup. I have seen it flattened like a piece of tape, and the introduction of a tracheotomy tube was not the easy matter it would appear from the example before us. To study the glottis we must make a dissection that will enable us to turn the larnyx over, bringing its pharyngeal surface to the front. For that purpose we separate with our knife the larynx from the body and right cornu of the hyoid bone, carrying our incision deeply into the pharynx, and then sweeping it downwards, dividing the right pharyngeal wall to a point an inch or so below the cricoid cartilage. We make such a section to avoid one of the superior laryngeal nerves, other branches of the pneumogastric. You have now exposed before you the superior surface of the larynx. You can see the glottis as the oval chink in the middle of the larynx. Do not fail to note its movements; it dilates with every inspiration, and collapses during expiration. There are muscles in that larynx controlled by the recurrent laryngeal nerve, whose office is to open the glottis as you see it. In our work we have taken pains to save the left superior laryngeal nerve, that we may exhibit its functions as a nerve supplying sensation to the mucous membrane of the larynx. On the right side of the larynx we find that it is impossible for us to provoke coughing by irritating the laryngeal mucous membrane, as you see me do now; but when I irritate the left side of larynx where the nerve is intact, you observe, at once, that a violent fit of coughing is induced. Some physicians claim that severe coughs may be greatly ameliorated, or even cured, by applying with sponge probang various anodyne solutions to the upper part of larynx, where we have found in our experiments cough provoking areas. These distinguished physicians further claim that nearly all coughs are due primarily, or secondarily, to irritation of that part of the superior laryngeal which supplies the upper aperture of the larynx. We will now separate the larynx from the remaining parts which hold it on the left side. Now we have the organ out in better position for you to study it. It is attached to the trachea, and the recurrent laryngeal nerves are uninjured, but its sensibility is, of course, destroyed in the section we were compelled to make of the superior laryngeal nerves.

Notice again the opening of the glottis with each inspiration. Look deeply into it and see the vocal cords. Observe that they move to and fro to open and close the glottis. Now we will cut the recurrent laryngeal nerves. Observe the collapse of the glottis; the animal begins to struggle with asphyxia. Dividing the nerves has paralyzed the muscles which open the glottis. The animal will die from want of air if we do not hold the glottis open with our fingers. While we do that, you observe that the respiration proceeds normally, but there are no movements of the larnyx. This teaches us that the recurrent laryngeal nerves are the motor nerves of the larynx, and that their integrity is essential to inspiratory movements. If you divide them in the course of a surgical operation, your patient will be in danger of death from asphyxia. His larynx will collapse under atmospheric pressure, and no air will enter his lungs.

We will bring the functions of the superior and inferior laryngeal nerves again before you by vivisection, when we discuss the action of the larynx in the production of voice. The pneumogastric, or par vagum nerves, have something to do with respiration. We will separate the larynx from the trachea, now, so that its paralysis will not interfere with the respiratory movements of the chest. Note the rhythmical action of the chest and abdomen; the air is unimpeded in its passage to the lungs. We keep the anæsthetic away from the tracheal opening, and allow sensibility to return, that you may study the normal respiratory movements. Observe that the inspiratory and expiratory efforts require about the same length of time. Now we draw up our ligatures, expose the pneumogastric nerves, and divide them with the scissors. You can see no change in the appearance of the animal. If you could feel the parts, you would know that the heart beats have increased in frequency. You tire of waiting for the inspiratory effort. It is evident that the section of the nerve has caused a delay in commencing inspiration—an interval has developed. Now you have it; it is deeper, more profound than usual. See how the chest expands; how the muscles of the neck participate in the effort to fill the chest with air. It looks as though the lungs were wanting in means to communicate to the inspiratory muscles the needs of the tissues for more oxygen. We are justified in assuming that the sensibility of the lungs has been diminished by dividing the pneumogastric nerve, and that they no longer recognize the diminished quantity of oxygen contained in the inspired air. The rhythm of respiration has been materially changed. There would be no effort to get air and oxygen into the chest, were it not for the fact that the sense (desire for air) by which the want of oxygen in the economy is recognized, is not confined to the lungs, but pervades all parts of the organism. So far as the mere mechanics of respiration are concerned, we may say, those portions of the pneumogastric nerve which supply the lungs, are nerves of sensation, useful in regulating the rhythm of the muscular efforts by which air and oxygen are carried into the lungs.

Complications of Typhoid Fever.

BY PROF. J. M. DA COSTA, M. D., OF PHILADELPHIA.

Cese 1. The patient that I bring before you has been sick since the 24th of September, that is, as nearly as we can make out. There was diarrhœa at first, and this was soon associated with fever, and with a temperature of 104½°. On the day of his admission his pulse was not above 88. It is a very remarkable fact that the pulse should remain so low. Looking over the pulse chart from the day of admission, which was probably the fifth day after the inception of the disease, we found the pulse marked down at 86, 80, 60, 66, 70, and so on. During all this time the temperature ran high, that is, it was not what would be a high temperature for fever, but high as compared with the normal. The evening average was about 102°, with a daily morning full of from one to two degrees. Here, at once, we strike the fact that the patient's pulse did not correspond with his temperature. Temperature and pulse usually go hand in hand. In this case, on the contrary, there has been a marked disproportion between the fever and the state of the pulse from the beginning. Did this dissimilarity apply in this case to the frequency of the pulse alone, or to its character also? Only to the former; for the pulse, though slow, was a very compressible one, and in that respect was a typical fever pulse.

I will not say much to you regarding the general symptoms of the case. There was the usual eruption; the spleen was enlarged, and diarrhœa continued moderately active. The temperature to-day is 97½°, and it has been as low as that three or four times within the past week. This temperature is lower than normal; but such a state of affairs is not unusual in convalescence from typhoid fever. His tongue is moist and slightly coated.

What about the other viscera? Do they afford us any explanation with regard to the state of the pulse? Let us make a careful examination. In listening to the heart I can distinguish a most marked systolic murmur, which is harsh, sharp, well defined toward the apex, and less marked toward the right base. This systolic murmur is associated with a sharp, second sound. There is evidently something wrong with the heart. Are the physical conditions of the heart a result of the fever process, or are they entirely independent of it? This brings us to a consideration of the state of the heart in fevers. In all low fevers, but pre-eminently in typhoid fever, there is a cardiac murmur present, which is largely due to the condition of the blood, aided, no doubt, by the flabby state of the ventricles. Are we dealing with this kind of cardiac murmur in this case? or has there been pre-existing and organic disease? The cardiac murmur in this instance does not, I am quite confident, belong to the fever process. In the first place, it was discovered upon the very day of admission, *i. e.*, it was present in the first week of typhoid fever. In the next place, it was and is harsh, rough, and has a more marked second sound associated with it; and thirdly, it is very strictly limited to the apex. This is not the history, or sequence, of the cardiac murmur of typhoid fever. It comes on late in the course of the disease, it is not rough, and is not associated with a distinct second basis sound; and it is not so strictly limited to the apex. It is very plain that the state of the heart has nothing to do with the fever process here.

But the strongest proof which we can derive from the physical signs, is that obtained by percussion. The percussion dullness in the cardiac region is very much increased in extent. This proves that the heart itself is increased in size, and I am quite sure that this increase in the size of the heart has not been due to the fever process. This point of diagnosis has a very important bearing upon our prognosis and treatment. To come back to where we started—what have we now to state regarding the cause of the comparatively low pulse? Is it to be explained by the original mitral difficulty antedating the typhoid fever? I think that it is to a great extent to be so explained. I have frequently found organic heart disease complicating typhoid fever. In these cases, the frequency of the heart's action does not increase in proportion to the height of the fever, but the pulse often remains stationary. I have even known of the co-existence of fatty heart in these cases, without any rise in the rapidity of the circulation. This is not an absolute rule, but is the one which general experience has taught me to follow, *i. e.*, the pulse in such cases is apt to remain stationary, or, at least, not to show any great variation. This persistence of the normal pulse throughout the typhoid process, makes me always suspect disease of the heart, and careful examination of the case has generally proven my fears to be but too true.

These points which we have just been discussing, have a very direct bearing upon the question of prognosis. If the murmur be merely due to the altered state of the blood, we always hope to remove it entirely by means of iron, and a general tonic treatment; but this man will recover from the typhoid fever with the cardiac malady still in force, for the heart disease in this case antedated the typhoid fever. Thus you see that we have discovered an accidental, but very interesting condition, which has a very important bearing upon our prognosis and treatment.

Case 2. This is a case of malaria in typhoid fever—typhoid fever complicated by malaria. In this case there is a most characteristic temperature record. C. J. occupies bed No. 16 in the new ward. He is before you with an undoubted typhoid fever eruption, and with enlargement of the spleen. The diarrhœa is only moderate in amount, reaching at times as many as five stools in the course of the 24 hours. The chief features of the case have been the enlargement of the spleen, and the peculiar and insignificant temperature record. The record showed marked remissions even at an early period of the disease. The patient is convalescent at present, and the daily differences in temperature are only slight. The case is one of a great deal of interest. The temperature is unlike that of typhoid fever, and is modified by the presence of a malarial element. The temperature ordinarily, at the end of the typhoid fever process, is considerable. It is not so here, but is inconsiderable. Even were this difference of temperature unnoticeable, there has been an entire difference in the phenomena of this case, as compared with those of a typical case of typhoid fever. I wish to point out these differences as very striking. Such changes are only present in malarial fever. We might almost say that this was malarial fever of a low type. But it is not so. Why do I say this? Over and above the temperature record, we have the significant features of marked diarrhœa, and undoubtedly typhoid fever spots on the chest and abdomen. The whole case pursues the course of typhoid fever. Everything that belongs to typhoid fever is present here. Enlargement of the spleen is the rule in typhoid fever. Moreover, the temperature is different from the temperature of typhoid fever. The enlargement of the spleen has been excessive, although it now only extends to the margin of the ribs. There is no diarrhœa. The pulse is about normal. The first sound of the heart is gaining in volume. The respirations are 20 to the minute. Everything bespeaks convalescence.

How shall we treat this man? He has been taking more quinine than usual, but otherwise our treatment has been the ordinary one. I will have the amount of quinine cut down to six grains daily. Thrice daily shall he have 20 drops of the tincture of chloride of iron. I call this disease typho-malarial fever; undoubtedly typhoid fever complicated by malaria. Do such cases do worse because there is a malarial element? No, not as long as there is not too much enteric complication, and provided the temperature does not run up too high. So that, notwithstanding the co-existence of malaria, we may hope for recovery.

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Retention, with Overflow, as Opposed to Incontinence of Urine.

BY DR. C. C. YEMANS, M. D., PROFESSOR OF GENITO-URINARY DISEASES, AND DISEASES OF THE SKIN, IN MICHIGAN COLLEGE OF MEDICINE, DETROIT.

"Dribbling" of urine in adults may be a symptom of either incontinence or overdistention. The term incontinence, which is the name of a symptom and not a disease, is often misapplied. True incontinence in the adult is extremely rare, while overflow, due to overdistention, is of quite common occurrence. The true character of the latter affection is, in my opinion, frequently mistaken, and it is for the purpose of calling attention to this error, that I write this paper, in which I shall endeavor to point out the difference between these opposite conditions; correct differential diagnosis, which is of so much importance to the practitioner and to the patient, citing, for illustration, cases which have come to my clinic for venereal diseases.

The nerves of the bladder are of two kinds, spinal and sympathetic. The spinal are branches, usually from the fourth, sometimes from the third, and rarely from the second sacral nerve. They terminate chiefly in and about the neck of the bladder, and are distributed to the vesical sphincter, if there is a vesical sphincter. The sympathetic nerves gain their origin from the hypogastric plexus, which lies in front of, and on the last lumbar and first sacral vertebræ. It is formed by a mazy interlacement of numerous ganglionic fibers. This plexus sends branches to all parts of the bladder, both of which become temporarily paralyzed by the pressure of overdistention, and if the diagnosis be wrong, and the pressure be too long continued, permanent paralysis may ensue, and "incontinence" remain. For example, many have been compelled to wear a urinal, with all the discomfort which this implies, for years, for retention with overflow, when the trouble, upon correct diagnosis, could have been relieved in one short hour,

True incontinence depends upon (*a*) unsymmetrical development of the prostate; (*b*) concentric hypertrophy of the bladder preventing proper distention; (*c*) paralysis of the cut off and the sphincter muscles of the bladder. While retention is caused (*a*) by stricture, passable or impassable; (*b*) by calculus falling over and occluding the utetural orifice, or by irritation, causing tenesmus or spasmodic stricture; (*c*) hypertrophy of the prostate, causing closure of the urethra. All these conditions are announced by severe pain, but going on to overdistention, until a small portion of urine dribbles away, anæsthesia ensues, and this condition may be mistaken for incontinence, and treated accordingly, while, at the same time, the bladder may contain a large quantity of urine.

In a brief paper like this, one can but touch upon the principal points, therefore, I shall proceed to detail the following cases, which will well illustrate what I have written:

Case 1. E., aged 20 years, presented himself at my clinic June, 1880. Has had gonorrhœa, followed by gleet, and stricture. At the time he presented himself at the clinic, he was suffering from "incontinence," the urine passing involuntarily day and night, which compelled him to wear a urinal. Urine had commenced to "dribble" about six months previous, at which time he was unable to urinate for several hours, cauiing him intense pain. After a careful examination, finding bladder much distended with urine, I diagnosed retention with overflow, due to stricture of meatus. In presence of Dr. Hutton, of Marine Hospital, and others, I incised the meatus with a straight bistuory, until I was able to introduce a No. 14 (Eng.) sound. Incontinence disappeared immediately, and has not returned.

Case 2. H., æt. 24; was brought into the hospital connected with the college suffering great agony. Had been on a debauch. Upon examination I found the bladder distended, and passing a catheter, drew off about one quart of urine, which gave relief at once. Catheterization was necessary for several days afterwards. I introduce this case here, to show what might have been the result had the trouble been allowed to continue as in case 1 above.

Case 3. Mr. F., æt. 60; came into my clinic in September, 1881. He has worn a urinal for three years. Evidently a diagnosis of true incontinence has been made. Patient was in a sad plight, and was compelled to isolate himself, and to abstain from business, on account of stench. I made a careful examination before the class, and found an impassable stricture, in my judgment, in membranous portion of urethra, from which I diagnosed retention, due to the stricture. I found no calculus. Not being able to pass the sound into the bladder, I determined to perform external urethrotomy, and at the next clinic had the patient placed in lithotemy position, and anæsthetized, but fortunately at the last moment, I succeeded by use of a little extra force in reaching the bladder with a Gouley sound, after which I dilated strictured portion of the urethra to No. 14 (Eng.) calibre. I then, to verify my diagnosis, drew from the bladder by catheter a pint of normal urine. In due time patient left the hospital, cured, and now voids his urine in a natural manner.

These cases demonstrate the importance of correct diagnosis in such cases. In toleration of the bladder to overdistention, even for years, the organ will, in the great majority of cases, resume its normal functions when the pressure is removed. Hence it may be stated, as a rule, to which there are few exceptions, that "an involuntary flow of urine in the adult indicates retention, and not incontinence."

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Selections.

Symptomatic Value of Dilatation of the Pupil in Affections of the Nervous System.—The diameter of the pupil depends on various factors: the intensity of the light, the convergence of the visual axes during accommodation and excitation of the great sympathetic. Ræhlmann, after some physiological preludes, considers the movement of the pupil in their relations with the diseases of the nervous system, and formulates as conclusions the following propositions:

I. *Reaction to light.*—(1) If one pupil does not react under the influence of light, whilst the other, left in the shade, contracts, it is not the optic nerve that is injured; there is rather a unilateral paralysis of the pupillary filaments of the corresponding oculo-motor nerve, or else there is some affection of the iris itself.

(2) If the pupil reacts in spite of complete blindness, the cause of this phenomenon should be looked for in the tubercula quadrigemina, which according to Meynert and Drurin, are in direct

connection with the nucleus of the oculo-motor nerve.

II. *Reaction during convergence.*—(3) If both pupils react by the fact of the convergence of the optic axes, the pupillary functions of both oculomotor nerves are intact; the pupils contract. In order to make this experiment the subject should look at the end of his nose.

(4) If both pupils do not react, either directly or by sympathy, under the influence of light, but react during movements of convergence, and if on the other hand the acuteness of vision, of one or both eyes is satisfactory there is an obstacle in the course of the fibres running from the tubercula quadrigemina to the oculo motor fibres.

III. *Reaction by excitation of the great sympathetic.*—After having shown in some words the physiological modifications which are felt in the iris after excitation of the great sympathetic, the author arrives at this conclusion, that the pupillary dilatation depends especially on the degree of irritation transmitted from the ganglia and cervical cords to the great sympathetic by the special senses and psychical excitations.

In pathological conditions one notices:—

(5) In debilitated, nervous, and maniacal persons, the normal pupil is very greatly dilated, to such a degree, that the contraction of the pupils always causes a suspicion of commencing general paralysis. In these conditions, as also in the hysterical and epileptic, one often notices an alteration in the oscillations of the pupil, independently of illumination or convergence of the visual axes.

(6) Narrowing of the pupilis is symptomatic of disorders connected with diminution of activity of the cerebral cortex, especially in paralytic dementia.

(7) Myosis is met with particularly in affections of the spinal cord. In tabes often the contracted pupils are completely insensible to light, whilst they continue to react by convergence of the axes.

(8) The alteration of the pupil depend on the innervation of the great sympathetic: an excitation of this nerve either at its periphery or at the cervical ganglia, shows itself by pupillary dilatation (Basedow's disease, lead colic, infantile enteritis.)

(9) Dilatation of the pupil is a symptom very characteristic of the respiratory trouble that follows the action of carbonic acid on the spinal marrow, such as whooping cough, vomiting spells, attacks of eclampsia and epilepsy, physical fatigue, and phthisis. This symptom is important in chloroform-anæsthesia. Very marked contraction shows that an extreme degree of narcosis has been reached, whilst dilatation under the influence of any excitation, shows that this narcosis is diminishing, but if the pupil dilates suddenly while the narcosis persists, asphyxia is to be feared.

(10) The pupils are dilated when compression of the brain exists, as in cerebral tumors, chronic hydrocephalus, hæmorrhages within the cranial cavity or simple cerebral congestions.

(11) Inequality of the pupils, the mobility being normal, shows irregularity caused by irritation of the nerve acting either at its periphery or at the cerebral or spinal centres. By instilling a little atropine into the eye, one can see whether the dilatation is due to paralysis or irritation. In the first instance the dilatation will remain slight. In the second it will be more pronounced. Unilateral mydriasis, when the pupil is mobile, is a very important symptom at the commencement of cerebral disease, whilst this same mydriasis where the pupil is immovable (paralysis of the oculo-motor nerve) does not signify much. Dilatation of one side alone, when the pupil reacts normally, is always indicative of unilateral excitation of the sympathetic, and this symptom is very alarming when it occurs, sometimes in one eye, sometimes in the other. Pupils that have been dilated by excitation of the sympathetic, react badly to light, but they contract during movements of convergence; it is thus that this mydriasis, which otherwise leaves the accomodations completely intact, is distinguished from mydriasis from paralysis of the common oculo-motor nerve. Inequality of the pupils is very common among the insane, especially among the paralyzed and demented.—*La France Medicale*—*Canadian Jour. of Med. Science.*

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Sulphurous Acid in the Treatment of Diphtheria.—An epidemic of diphtheria commenced in Mount Forrest and surrounding country about the 15th of November, 1878. During the first three or four weeks all the cases yielded to the treatment, and recovery began on the third or fourth day. The following treatment was pursued: A mixture of sulphurous acid and glycerine, equal parts, was administered in doses of ten or twenty drops every hour or half hour. Also a solution of tincture of iron and chlorate of potash (to which in some instances quinine was added) was given every three or four hours.

The temperature of the room was uniformly kept at 80°, and the air rendered moist by evaporating water continuously. December 15th, the character of the symptoms suddenly changed to those of diphtheritic croup; at the same time there was a fall of snow and the atmosphere became colder. From the 15th to the 28th of December these croupy symptoms appeared in nearly every case. They were treated by inhalations of carbolic acid and iodine, with warm vapor. During these thirteen days eight very severe cases were treated, one of which died. In the case that ended fatally, the temperature of the room which the patient occupied was not equably maintained, the thermometer ranging by irregular variations from 60° to 85°, owing to great carelessness on the part of the attendants. In two cases emetics were administered, with apparent relief for a few hours; one of these was a boy 12 years of age, possessed of a weak nervous temperament and a constitutional predisposition to scrofulous affections. The croupy symptoms continued in this case from the morning of the 20th until the morning of the 23rd, after which they disappeared. The most scrupulous care was exercised by those having charge of this patient, in administering remedies, nourishment and in maintaining a uniform temperature. The sanitary condition of the room occupied by the patient was also excellent in every respect. Convalescence was fairly commenced in ten days after the attack began.

In the case of a little girl 10 years of age, some peculiar symptoms presented themselves. The diphtheritic membrane covered the uvula, tonsils, fauces, and extended over the roof of the mouth into the nasal passages, and some patches also appeared on the lips. The tonsils were so swollen as to render deglutition impossible. This state of affairs continued four days. During this time the bowels were obstinately constipated and enemata acted very inefficiently. On the eighth day the membrane became loose from the roof of the mouth and gradually peeled off, leaving an ulcerated surface exposed. This ulcerated surface was extremely sensitive, and every effort made to take cold water or nourishment caused intense pain. The pain extended to the ears; sometimes it commenced suddenly and assumed a neuralgic character, without any apparent exciting cause, lasting for an hour or two, after which it would suddenly cease entirely. This intense pain continued at irregular intervals for five days and then suddenly disappeared. In this case the patient determinedly resisted all attempts to administer any remedies, and resisted so successfully that very little could be done to check the disease.

The treatment pursued during this epidemic in 1878 has been strictly adhered to ever since, with the most gratifying results. Diphtheria is very prevalent here during the fall and winter months. The drainage of the town is imperfect, which may account for its prevalence. Unfortunately, the centre of the business portion is lower than the surrounding parts, and consequently all the water flows down the gutters to the central part. From this point it is conveyed by covered drains across two blocks and allowed to remain in a half stagnant condition, until evaporation and soakage into the loose soil disposes of it. This part of the town is now being built up with residences.

As diphtheria is very common here, we have had ample opportunities to test the value of the treatment I have mentioned. It has succeeded so well that I feel it my duty to unhesitatingly recommend it to all who feel disposed to give it a trial. The objection to using a brush in applying any remedy to the tonsils, is that the local application is unpleasant to children, difficult for the attendants to perform properly, and the brushing—even with a camel's hair pencil—irritates and sometimes causes an abrasion of the tender or partially ulcerated surface attacked by the diphtheritic membrane. These abrasions are well-known to be the favorite soil on which these microscopical vegetable parasites delight to fasten, and in which they flourish. Therefore any remedy which can be applied efficiently without using a brush, is best. Glycerine is the best vehicle in which to administer sulphurous acid, because it is soothing and forms a protective covering over the tender diseased surface of the throat. When given in ten or twenty drop doses, it retains the sulphurous acid in the fauces, so that its specific effects may be obtained. This mixture frequently repeated and given without any water, is constantly retained and acting remedially in the throat. As sulphurous acid is very volatile, it penetrates the nasal passages, operating there quite as efficiently. I have only met with one case in which a child refused to take it, whose case I have reported with neuralgic symptoms. Numbers of cases have been treated here with no other remedy, and when any other has been used in my practice, it is the potassium chlorate and tincture of iron mixture, to which I alluded before.—Dr. Yeomans in *The Canada Lancet.*

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THE TREATMENT OF FURUNCULOSIS BY BORACIC ACID.—Dr. Loewenbeg (*Le Progrès Médicale*, 1881, p. 658), regarding the furuncle as due to the invasion and multiplication of a parasitic microphyte, abandons, of course, all the old-fashioned forms of treatment based upon an erroneous view of the pathology of the affection. Above all, he recommends abstention from the use of emollients, poultices, etc., which serve merely for the purpose of supplying that moisture and heat which are most favorable to the germination of the parasites, besides furnishing aliment for their sustenance. The problem being given to neutralize the evil influence of the micrococcus, the question is, what agent will best serve this purpose while not injuring or irritating the organs on which it must act? Thanks to the researches of J. B. Dumas, we now possess a substance—boracic acid—which fills all requirements. Boracic acid is strongly toxic to inferior organisms, which it kills by depriving them of oxygen, while at the same time it possesses the great advantage of not irritating the organs with which it is brought into contact—the bladder, for example.

Dr. Loewenberg prefers boracic acid, although he admits that it is quite possible that other antiseptic agents—as benzoate of sodium, resorcin, etc.—would serve the same purpose. He incises the furuncles if they are not already open, so that the antiseptic agent may be brought directly in contact with the focus of infection. The incision should pass through the centre of the furuncle (generally marked by a hair); and, in order to prevent pain, ether spray may be thrown against the spot. The incision made, Dr. Loewenberg immediately applies fomentations with an aqueous solution of boracic acid saturated in the cold. Latterly he has used alcoholic solution of boracic acid, the alcohol itself constituting an excellent substance for combating the action of the micro-organisms. In one case, where the furuncle was recent, and where the patient absolutely refused to have an incision made, it was observed that simple fomentations with boracic acid resulted in the arrest of development of the inflammatory process. Dr. Loewenberg thinks this was because, in the early stage of the furuncle, the hair-follicle leading down to the focus of infection was not yet closed, and offered an opening for the entry of the antiseptic. Perhaps a good plan would be to inject a few drops of the solution directly into the follicle before the full development of the furuncle. Believing auto-inoculation possible, Dr. Loewenberg is in the habit of sealing each furuncle with a pledget of charpie soaked in the boracic acid solution, solution. He also insists upon the most scrupulous cleanliness, with a view of preventing pus from the suppurating furuncles being carried to new points and inoculated through the hair-follicles. Powdered boracic acid is also regarded by Dr. Loewenberg as an admirable dressing for open furuncles.—*Medical Times.*

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Treatment of Felons.—Adinell Hewson offers some suggestions for the accurate diagnosis and successful treatment of felons.

For diagnosis he makes of a flattened conical tube of binder's board, with its base 5x3½ inches in diameter, so trimmed as to fit closely over brow, cheeks ond upper lip. The length is such as to bring the apex at about the distance of the range of distinct vision. The apex is an orifice ¼x3-16 inch in diameter. The tube is made from a sheet of binder's board, by dipping in warm water to soften it, then rolling it diagonally, and wrapping with cord to retain form until dry.

By means of this simple apparatus he examines the tissues by transmitted light. In the case of a suspected felon, the patient's finger is brought to the point of the tube, which is held in the direction of a bright light, either natural or artificial, while the face is so applied at the base as to make it fit closely and exclude the light. During the examination, Dr. Hewson finds it of advantage to have the patient practice forced, rapid respiration to produce an asesthetic effect. If the apex of the tube covers healthy tissues of the finger, the characteristic bright pinkish red color is readily perceived; while, if the tissues are engorged, the darker red tint, deepened in proportion to the intensity of the engorgement, will be equally characteristic, and will form a marked contrast to the color to be seen on examining the corresponding finger on the other hand.

If the tint, though still reddish, be of a yellow hue, pus has formed in the cellular tissue around, or in the theca of the tendon. If by making firmer pressure, so as to cut off the lateral illumination through the tissues, the tint is found to be of a positive yellow, it is evident that there is suppuration in the theca of the tendon. Finally, if the tint so transmitted is of a dirty or opaque yellow, the bone or periosteum is the seat of purulent formation and collection.

When such examination demonstrates that pus has not yet formed, he has generally succeeded in aborting a felon by the application of a thick paste of wet clay, covered first with tissue paper, and then with a thin layer of bandage stiffened by liquid glue painted in strips lengthwise on each side of the finger. The object of applying the glue thus, instead of covering the whole surface, is to allow the drying of the clay, which would be prevented by coating the whole surface with glue.

Dr. Hewson's experience with such uses of clay has been very extensive, and he reports some very interesting and valuable results obtained by this agent. In this class of cases here considered, he finds that, as a rule, the relief is very prompt in which case the dressing is allowed to remain for several days. When the pain is not relieved in two or three hours after the application of the earth, he removes it at once, and makes a free incision, as he feel sure that nothing else will arrest the process.—*Coll. and Clin. Record*

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Acute Laryngitis in Infants.—In ordinary cases the yellow sulphate of mercury, prescribed in powder in two-grain doses, may be administered as an emetic. The atmosphere which the child breathes should be constantly loaded with moisture, without, however, that degree of heat which would add materially to the discomfort of the patient. Moist air promotes expectoration and renders the cough looser. A temperature of 75° to 80° F. is required.

The following will be found a most efficient solvent for the pseudo-membrane, ard should be used in the steam-atomizer:

℞.	Calcis	℥ ss;	15.00 Gm.
	Aquæ	fl. ℥ viij;	240.00 "
	Glycerinæ	℥ ij;	60.00 "

Mix. Each second hour one ounce of the following should be used, the limewater being used constantly between times:

℞.	Potass. chlorat	ʒ ij;	8.00 Gm.
	Amm. muriat	ʒ j;	4.00 "
	Glycerinæ	℥ ij:	60.00 "
	Aquæ	℥ vj;	180.00 "

The inhalation may be continued for two hours without wearying the child.

If the temperature is high, quinine should be given in two or three large doses.

As regards local measures, cold water may be constantly dropped from a sponge upon a compress laid over the throat of the child, or two or three thicknesses of muslin soaked wtth camphorated oil may be applied over the larnyx so as to cover the neck in front, and over this a bladder containing pieces of ice, or ice surrounded by oil-silk, to prevent dripping. If oxygen be obtainable, the inhalation of this agent will be found to relieve the dyspnœa.—Prof. J. Lewis Smith in *Louisville Med. News.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. IV. DETROIT, DECEMBER 24, 1881. No. 24

Editorial.

Speaking Evil of Dignitaries.

The London *Lancet* in a recent number has a note with the above heading which comes home with peculiar applicability to the people of this country at this time. Among the many abuses to which the assassination of Pres. Garfield has opened the eyes of this people,—the evils of the spoils system, etc.—there is none more fraught with suggestiveness than that which has reference to the practice of the personal abuse which it has become the rule to visit on candidates for office, and even on incumbents of high offices, by those of opposing political views. The practice has developed into a festering sore and and the evils which have followed it are but a faint indication of those which may follow if no restriction is placed on it. It is so much easier to abuse than it is to argue that the great bulk of men find but little difficulty in convincing themselves that they are advancing their cause by villifying its opponents. The individual, too, who has been worsted in argument finds a certain satisfaction in hurling vile epithets at his adversary, feeling secure in his doing so behind the wall which the conventionalities of modern society have thrown around his person. It is only a coward who will say behind a man's back, and at a distance from him, what he dares not say to his face. There was a time when the individual who was thus villified did not lose caste or compromise his respectability by castigating the cur who villified him. Those days, however, have passed and under the existing status of affairs it is not given to visit punishment except through a tedious, uncertain and expensive process of law. Poltroons, therefore, have now their hey-day.

The foregoing, however, is another aspect of the question which our English contemporary refers to. It calls for a reform in the practice of personally abusing candidates for and representatives in office and cites distinctly medical grounds for such reform. It is, it says, a scientific fact that every thought, and in a still greater degree every spoken or written word, creates a physio-mental base for action corresponding to the sentiment conceived or expressed. No man or woman can contemplate or purpose "massacre" without being more or less likely to commit the offensive threatened. It is mischievous even to talk such things; and a propaganda of personal animosity, illustrated by specific threats, is not to be viewed with complacency. The ghostly counsellors, of those who indulge in this most vicious mode of propagating political opinion and fomenting the agitation which—sometimes—leads to reform, would be acting in a manner better befitting their cloth and mission if they were to advise a certain measure of restraint. Priests, who profess to have some knowledge of what they are pleased to call "the workings of the human heart," should know that he who thinks evil does evil, and the way to destroy wickedness is to nip it in the bud.

Pilocarpine in Diphtheria.

The recommendation, by Guttmann, of pilocarpine as a remedy in diphtheria, some two years ago, has been followed by a very extended use of the drug in this affection in both hemispheres. The reports following such use have been more or less contradictory. There is, however, a very general concurrence in the opinion that its local effect on the diphtheritic membrane is salutary, the diversity of views being chiefly regarding its constitutional effects. Our experience in the use of the drug, (which has, however, not been in its employment in diphtheria) has led us to advise its use with circumspection in affections of an asthenic type. In all such diseases we should consider the joint administration of arterial stimulants necessary to counteract the evidently depressing influence of the drug on the heart.

The *Medical Times and Gazette* contains a translation of an article by Adolfo Fasano is *Giornale Internazionale delle Scienze Mediche* which offers some interesting observations and suggestions on this subject.

He quotes the reports of Dr. Guttman, who extols most highly the use of pilocarpine in this malady. Dr. Guttmann administers it internally in solution in the form of hydrochlorate combined with pepsin, the dose varying according to the age of the patients. Dr. Fasano also quotes a case reported by Professor Cantani as having been treated successfully by pilocarpine alone. Professor Lepidi-Chioti, who has reported this case in all its particulars, describes two other cases of the same kind which were equally benefited. But it is stated that large doses may disturb the stomach and cause spasm and vomiting, and therefore it is necessary to be very careful in the mode of administering the drug. The anti-diphtheritic properties of pilocarpine are said to be due to the great salivation induced, by which means the detachment of the false membrane is much accelerated, and thus the course of the disease is shortened. Leidi-Chioti also regards the sweating as a true depurative, eliminating a quantity of the virus circulating in the blood, in the same way as pyogenic matters are expelled by the perspiration in fevers. The human skin is a true filter, and, as such, various products are eliminated by it from the system. The success of pilocarpine is, therefore, due, according to some authors, to the salivation detaching the false membrane, or, according to Lepidi-Chioti, to the copious perspiration. Dr. Fasano, in relating these views, adds his own testimony to the efficacy of pilocarpine in diphtheria, but proposes some questions as to the theoretical reasoning on which the treatment is founded; and he gives his opinion, in the first place, that the detachment of the false membrane, although an important element in the treatment, is by no means the only curative object to be attained. He asks, accordingly, to be informed as to the exact therapeutical value of the detachment of the false membrane, and whether it is certain that the diphtheritic virus, circulating in the blood and in many of the internal organs, is really eliminated with the sweat. Again, if it be admitted that it is eliminated, is it all eliminated? and has pilocarpine a local and general antiseptic action which enables it to destroy the products and the factors of the diphtheritic virus? If an explicit and experimental solution of these doubts should be afforded, then, Dr. Fasano thinks, it may be said that a great remedy has been discovered for diphtheria; and the easy administration of pilocarpine, its rapid action and its innocuous nature, are so many further recommendations for its use. In the meantime, he himself proposes to make further trials of the remedy, and recommends his colleagues to do the same, and if trustworthy results should confirm the observations of Lepidi-Chioti, Dr. Fasano, regarding the ultimate object, namely, the cure, will withdraw the doubts which he now entertains on the subject.

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Eczema versus Vaccination.

On page 144 of current volume we reproduce a statement by Dr. Murray, in the *British Medical Journal*, to the effect that vaccination exercises a very salutary influence on the course of eczema as occurring in infants. He refers to his experience in support of the statement and confidently appeals to medical men of middle age for facts in their practice in further corroboration. So far from deferring vaccination, as is usually done, because of the existence of an eczematous eruption he regards such existence as an additional reason why the child should be vaccinated.

And now comes Dr. George Thin, of London, (*Edinburg Medical Journal* for December, 1881) who gives a synopsis of the discussion on the subject of vaccinal skin-eruptions before the late International Medical Congress, and supplements the same with his own personal experience, the inference from all of which, viz., that vaccination may develop eczema, raises, *inter alia*, a very interesting question in therapeutics. In the discussion referred to Prof. Hardy, of Paris, divided vaccinal eruptions into four kinds—generalized vaccination, exanthematic eruptions and diathetic eruptions (eczema, etc.). The second of these occur before the development of vaccine, and the last after the development of the vaccine pustule. All practitioners of experience have observed the occurrence of eczema after vaccination, and have probably at times been hard driven for such an explanation as would satisfy the parents as to the purity of the virus.

The debate before the Congress leaves no doubt that eczema follows vaccination with virus which is above all suspicion of impurity, and when this fact is placed beside the statement by Dr. Murray that vaccination is the very best remedy for idiopathic eczema have we not an illustration of the law of *similia similibus?*

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Publisher's Notice.

Subscribers who have neglected to pay for their copy of the NEWS of the volume now closed, will find in the present copy a statement of account. All such will find it necessary to liquidate this indebtedness as a condition to a continuance on next year's list. We realize the fact that the neglect to remit has, in most instances, been chargeable to carelessness, but the printer accepts no such excuse in lieu of payment of his bills, and the margin of profit on the journal is too small to permit our carrying any unpaid subscribers into the new year. Parties desiring to discontinue are expected to remit as per enclosed statement, with such notice of discontinuance.

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Miscellany.

THE SHAPE OF THE HEAD AS AN INDICATION OF INSANITY.—Apropos of Dr. Spitzka's testimony in the Guiteau trial, in which he cited a certain unsymmetrical shape in the assassin's head as an evidence of his insanity, the hatters of the country are coming to the front with the diagrams from their note-books. A Philadelphia hatter sends his note-book to the *Philadelphia Ledger*, and that journal pronounces it like the note-book of a fancy pear-grower. It analyzes the diagrams in a way to show that scarcely a sane man walks the streets:

> There is scarcely a head in it, in fact, that is not pear-shape of the wildest variety, unless in the few that have a remarkable likeness to the outline of the sole of a well-worn slipper or gouty shoe. It is a monstrous study, in fact, of what appear to be abnormal crania. Sometimes the unbalanced bulge is in front, sometimes in the back—but no two sides are alike. Here is a head which looks like a mis-shaped flint arrow-head; here is a monstrous protu-berance behind the ear; here is one that is knobby as a potato all around; this must be a murderer's skull, and this an idiot's. Unfortunately for the theory, they are the hatter's best customers—all of them highly respectable family men, and some of them distinguished in public and private life for their ability, intelligence and worth. A number of them are dead, and their accounts made up for this world, so that they are beyond the reach of

breaks of disposition. The seeming murderer was a prominent judge, the idiot was a governor of distinction, the knobby potato, all gone to one side, was a genial, enterprising merchant. A Vice-President's head diagram, which is in the collection, would lead any court, were the Spitzka test applied, to send the owner to an insane hospital. One of the nearest to balanced heads is a brilliant, but most eccentric physician, long dead, who, by the hatter's line, would have been a very safe man of affairs. Here is a clergyman, who gave the calmest advice to his flock, but his head is shocking in its one-sidedness.

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MEDICAL STUDENTS.—*London Lancet:*—There is much, very much, that is mentally depressing and physically deteriorating in the daily duties of students of medicine. When in the intervals of his gloomy work the "medical student" dissipates somewhat riotously every moralist is "down on him." It is altogether forgotten that young men with a fair share of animal spirits must and will find some vent for their energy, and that when they indulge in recreation it is likely to take some more than commonly boisterous form, because of the unwonted repression produced by the most lugubrious of surroundings. Prisoners are known to break out in paroxysms of rage every now and again from very stress of the monotony of their lives. So it is with the medical student; he is excessively lively in his leisure hours because he is excessively borne down and depressed in his hours of attendance at lecture, in the wards of the hospital, and in the post-mortem and the dissecting-room. He has a special claim to consideration on the score of his unnatural surroundings which are altogether alien to the spirit and genius of youth.

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DEODORIZING IODOFORM.—The addition of a small fragment of Tonquin bean to a bottle in which iodoform is preserved is said to be sufficient to remove the odor of the latter. The deodorization is said to last many days, even when the iodoform is withdrawn from the bottle and exposed to the air. The repulsive odor is supplanted by one which recalls that of bitter almonds.

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The leading article in the *North American Review* for January, contains the judgment of five of the most distinguished authorities upon "The Moral Responsibility of the Insane." Just at present this subject occupies a very prominent place in the minds of the American people; but quite apart from its momentary interest, as connected with the extraordinary trial now in progress in Washington, the problem of determining the fact of insanity, and fixing the limit of the responsibility of the insane, is one that in itself possesses an irresistible attraction for every generous mind. The wreck and ruin of intellect appeals at once to our highest sympathies, and to whatever is noblest in human curiosity. The authors selected for the discussion of this subject are Drs. Beard and Seguin, of New York, Dr. Elwell, of Cleveland, Dr. Jewell, of Chicago, and Dr. Folsom, of Boston. The other articles in the January number of the *Review* are as follows: "The New Political Machine," by William Martin Dickson; "Shall Women Practice Medicine?" by Dr. Mary Putnam Jacobi; "The Geneva Award and the Insurance Companies," by G. B. Cole; and "A Chapter of Confederate History," by F. G. Ruffin.

The announcement is made that the February number of the *Review*, to be issued January 15th, will contain Part III. of the "Christian Religion" series of articles, and that it is to be a very able defence of the Christian faith.

The fact that our Brother Reynolds, of the Louisville *Medical Herald*, recently, for the second time, placed his neck under the matrimonial yoke, has been very thoroughly advertised. He promised, on the eve of his doing so, that the event would prove a turning point in his career; that, in short, he would, on its consummation, turn over a new leaf. He went to Europe on his wedding tour, and we see, from the December number of the *Herald*, that he has returned. We fear his trip has done him but little good. It was recently said by a contemporary, who has a mental and-nervous-disease-man on its staff, that punning is an evidence of senile dementia, and the statement has not been successfully contradicted. Bro. Reynolds has perpetrated one of the most atrocious puns on record. Witness it, and see the effects of matrimony a second time entered into: "Brother J. Mullen O'Herron not only annihilates his neighbor, but he demolishes the grammar of the Romans." He asks us whether *ejecta* would not have been better understood than *egesta* (a word used by us in a recent note), as a term applied to vomited food. We would reply that that depends. "Egesta" is a very good word, and is quite comprehensible to those who have never manifested such symptoms as those which have developed in our unfortunate brother. Perhaps *ejecta* is a better word for persons in his condition. If he says it is, we certainly would not assume the risk of disputing the point with him.

We have received from Messrs. G. P. Putnam's Sons an announcement of a forthcoming Treatise on the Science and Practice of Medicine, by Prof. Alonzo B. Palmer, M. D., LL. D., of Ann Arbor. It will be complete in two volumes, each of which will cost about $5, and the first will be ready early in 1882. Prof. Palmer has taught medicine for many years, and this experience will, doubtless, be found to have especially qualified him for writing his book. In these days of Ziemssen, and Reynolds, and Flint, and Bartholow, and Bristowe, and Roberts, he who would add another text book to the list, must have strong confidence in his ability to give us something new. Prof. Palmer finds his warrant for thus venturing, in the fact that there is a demand among western practioners for a book on western practice, written by a western man. The new book will discuss medicine from the western standpoint, and will prove interesting, as showing the difference existing between disease as it occurs in the west and in the east, where the books which western men have heretofore relied on have all been written.

The exhibition which our medical insanity experts are making of themselves on the stand, in the Guiteau trial is, to say the least, not very creditable, and is calculated to very decidedly depreciate the value of such testimony in the estimation of hard, common-sense men of the world. The *American Medical Bi-weekly* truly says of it: "So far, the profession has been seriously injured in popular esteem and respect by the medical testimony, and if the resources of psychology are to be measured by the testimony of experts in the Guiteau trial, it is certain that their opinion, in cases of alleged mental alienation, are, in value, in no respect superior to the judgment of an average jury. The medical testimony, so far, is a jumble of vague, ambiguous and contradictory expressions; of psychological transcendentalisms; and a manifestation of ill-defined, indefinite conceptions, presented in language even more indefinite and incomprehensible. It is worse than the witches' receipt for the "hell-broth," as given in Macbeth.

In a recent criminal trial in Philadelphia, Dr. D. Hayes Agnew stated from the witness stand in clear, forcible language, that he was no expert in insanity, and that his testimony should not be considered as coming from such a one. "Modesty like this," says the *Medical Times*, "adorns him who has it, aids in obtaining justice, and exalts the profession." It is certainly a rare thing to find a physician on the witness stand to make such a disclaimer. We are of the opinion that were there more honesty, there would be fewer "experts" in Washington at this moment.

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Original Articles.

Gunshot Wound of the Palm; Sprain of Ankle Joint; Fracture of the Clavicle; Hip Joint Disease.

CLINIC OF PROF. D. HAYES AGNEW, M. D., PHILADELPHIA, PA.

Case 1.—This patient met with this accident last evening. All the mark that the ball has left behind to indicate its progress is a small aperture in the side of the little finger. There is no wound of exit from which fact we may refer that the ball has lodged in the hand. I need not hardly say that it is impossible in such a case as this to find out the direction from which the wound was received. Even when the patient is better able to assist in the inquiry than is the case here it is very hard to analyze the exact manner in which a wound has been received. Perhaps the ball has passed into the palm of the hand. I will introduce a probe and try to find where it has lodged but I find that even the probe can render no assistance. In a great many cases such as this we can fix with some exactness upon the site of the foreign body by making pressure on different points until we come across a tender spot. There is one such spot here. The little finger is numb. This is somewhat of a guide to us in determining the course of the ball for it must have touched the ulnar nerve which supplies the little finger. A small ball, such as this one must have been, is difficult to follow. for the tissues which it separates close up again. The probe which I used just now, went up toward the palm of the hand. In using a probe in such instances the very gentlest manipulation is necessary otherwise the instrument may very easily get out the right track. I think that we have settled pretty definitely that the ball is somewhere in the palm of the hand. An operation in such a case, where we have no sure guide as to its locality, would be very unwise. The result of this injury will be either (1) that the ball will become and remain encysted, or (2) what is more probable in this locality, that an abscess will form which must be opened. I shall tell the man to keep his hand enveloped in a cloth wrung out of lead water and laudanum, and to let it remain perfectly quiet on a splint until something develops. The reason I say to keep it on a splint is to prevent contraction, for a ball is very likely to produce contraction of the palmar fascia, or of the tendons.

Case 2.—Anterior and posterior luxations of the ankle-joint are uncommon. Here the tibia is luxated forward and the foot backward, the tibia in these cases is usually carried in advance of the astragalus, or rather, beyond it and rests on the scaphoid, cuboid, or cuneiform bone. As you see the foot now there is no deformity, as the reduction has been effected. The usual symptoms of the accident are an apparent shortening of the dorsal portion of the foot, and an elongation of the heel. The lateral ligaments, are always more or less lacerated. This luxation should be reduced by flexing the leg and then extending the foot, pulling it forward while you pull the leg back. The simple fracture-box dressing is the best where there is no tendency to a recurrence of the luxation. The heel should be protected by a pillow and the foot secured to a foot board, although there is a great deal of discoloration present it does not amount to that produced by a fracture.

Case 3.—This injury was received a few days ago. It was produced by a fall in the course of which the woman received a blow on the anterior part of her shoulder. The fracture has taken place at the acromial extremity of the clavicle, and in the course of the first curve on the acromial side. The fracture generally occurs at the summit of the angle, and is more frequent near the sternal than near the acromial end. This fracture is one of the most difficult to treat without some resulting deformity. That the parts may be maintained in perfect appostion, the patient must be kept flat on her back with the hands crossed on the chest and with her head just a little elevated. In this position we are able to prevent any movement of the scapula. Indeed if we could permanently fix the scapula, we would at once have solved the problem of treatment in this fracture, but, unfortunately, it is utterly impossible to treat this fracture continuously by position alone, unless a nurse be secured to keep watch all the time, day and night, and so forestall the slightest tendency to move on the part of the patient; of course, this cannot always be done. Thus far, no apparatus has been invented which can do the work properly, and so I usually treat by keeping the patient in the position described above for the first few days, unless restlessness comes, on for I know that if I can only hold the bones in place for a few days, they will have lost to a large extent, their disposition to get out of position, and that the ends of the bone will have become embedded in plastic matter and will have had time to become rounded off. Then, at the end of this time I put the patient in restraint by means of a permanent apparatus. In In the first place, I introduce an axillary pad which accomplishes two things viz., (1) elevates the arm, and (2) holds the shoulder up, the disposition of the shoulder, of course, being to fall downwards, inwards, and forwards. This axillary pad should be wedge-shaped, and should be about five inches long and four inches wide, tapering rapidly to a point. You should then take two strips of adhesive plaster, three and a half inches wide, and long enough to pass entirely round the body, and to form besides a loop to be slipped over the arm. The first is so applied as to carry the arm upwards, and while thus bringing the elbow to the side of the body—the wedge acting as a fulcrum—the strip will pry out the acromial end of the fragment. The 2nd strip, with a small opening in the middle for the olecranon after being placed over the latter process of bone, is carried to the opposite shoulder and the ends curved so as to keep the arm upward and backward. It is sometimes better in applying this dressing to a woman, to carry both the bands below the breast. If you are obliged to renew this dressing at any time, you will find it better, to put a new one on top of the old one rather than to run the risk of taking the first one off.

Case 4.—This man tells me that he fell on his shoulder. The first thing I do is to examine for a luxation. There is evidently no luxation of the shoulder, for we find the usual rotundity of the parts, whereas, if there were a dislocation, the shoulder would be flattened. So, too, I find the acromion close up to the head of the bone, whereas, if there were any luxation, we should find some space under the acromion due to the fact that the head of the bone has vacated its proper position. The arms fall to the side perfectly here. This would not be the case if there were a luxation. We might have a fracture, but where this has taken place, there is always a good deal of swelling. There is no such swelling here, nor is there any crepitus or pain upon movement. In examining for fracture of the clavicle, I find that the line of that bone is unbroken, There seems to be some local pain at the acromial end of the clavicle. There is also a little dry crepitus here, but he has perfect power over the deltoid muscle which antagonizes the view that there might be any disease at the acromial end of the clavical. Luxation of the acromial end of the clavicle always prevents a patient from raising his arm. Probably there was some contusion received which was followed by slight synovitis. I shall tell the man to carry his arm in a sling and to apply some evaporating lotion to the shoulder.

Case 5.—Running my finger along the clavicle, I find in this case an unusual prominence on the right side. This is due to some severe injury of the sterno-clavicular articulation. I do not think there has been any luxation. A partial displacement, such as this, is not very common. It is the result of undue force applied to the shoulder. The original cause of this state of things must have been an inflammation of the joint which produced softening at the ligaments and thus it became impossible for this partial luxation to occur. The arm should be placed in a Velpeau for at least ten days.

Case 6.—This child has had a slight limp for the past six months. During the past three months she has been confined to the house and kept on her back. You notice that she has dark hair, dark eyes and dark eyelashes and that her complexion is almost transparent, as is frequently the case in patients suffering from articular disease. Placing the child on her back, on the forum table, on examination I find slight atrophy of the right leg. The left leg can be flexed and extended in a perfectly free and easy manner, and does not carry with it the pelvis. When I attempt to lift the right leg I encounter great muscular resistance. The pelvis moves with the leg. That means that nature has immobilized the joint by means of muscular rigidity in order to prevent motion of the joint surfaces. Not always, but generally you find a marked modification, in the conformation of the limb. In the first stage of the disease, the affected limb is everted, flexed, and somewhat advanced. The buttock is also more flattened than its fellow. The crease, too, which marks the gluteo-femoral fold on the opposite side is obliterated. Forcible pressure on the trochanter of the diseased side will often cause the patient to cry out. The same effect may be produced by striking on the heel, or knee, of the leg on the diseased side. I never attempt such tests, they often do great harm, other signs are usually present and are quite sufficient to satisfy me of the nature of the disease. There are various methods of treatment. (1) The recumbent position. (2) The erect position, (*a*) when the patient is allowed to move, and (*b*) when the patient is kept quiet; and occasionally patients cannot walk, and then we have to treat them in the recumbent position. I believe in only that treatment which fixes the diseased joint. I believe in walking, but not in that kind of walking which causes either friction or motion of the affected joint. You cannot keep up the motion of the joint without increasing the function and consequently the inflammation, of the articulation. The old American method of treating coxalgia, or that of Physick, consisted in adjusting to the limb a curved splint in order to secure fixation. Such an appliance, however, did not allow of walking. A better plan is to secere the immobility of the limb by a splint which may be applied either on the outer or the posterior aspect of the leg, thigh and body. Raise the sound limb by means of a cork-soled shoe, and place the patient, if sufficiently old upon crutches. This plan, which is that of Thomas, has the advantage of fixing the diseased joint, preventing the patient from resting upon the affected limb, and admits of exercise in the open air. If you begin treatment early you may succeed in aborting the disease. When this child has been taught how to move about on crutches, I shall apply, before you, a splint to the posterior surface of the affected limb.

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Consultation and Affiliation with Homœopaths.

BY C. A. DEVENDORF, A. M., M. D., PROF. OF CLINICAL OBSTETRICS AND PUERPERAL DISEASES, MICHIGAN COLLEGE OF MEDICINE.

One of the questions which is to-day being pressed upon the profession, and which demands and merits an answer, is this: Shall we consult and and affiliate with homœopathic physicians?

If the homœopathic physicians of to-day were of the same character as those of twenty or thirty years ago, the answer would be an easy one and of negative character, but the times have changed, and we and others have changed with them, and to-day the answer comes not so readily and is not so emphatic in its negation.

We claim to be simply physicians bound down by no dogma, enslaved by no "pathy" or "ism," but simply physicians in the highest sense of the term. In search of means of cure we lay under tribute the whole domain of nature. We seize upon and appropriate whatever seems good, wherever found. We interview the medicine man of the barbarians and brushing aside the mysticism of diabolism of his Code (which is probably a powerful means of cure in his practice but unsuitable to our patients), we examine his materia medica, and abstract anything which may seem of value, and, what is a greater trial, we submit ourselves to the old woman of the period, we examine her store of dried roots and herbs and search for a grain of wheat amidst a mountain of chaff. At the same time we are ever ready to profit by the labors of our professional brethren, in the laboratory or in the sick room, but from whatever source received, we accept no article upon another's *ipse dixit*, but submit it to the test of our own experience, and accept or reject it as it seems good to us,—in a word we "try all things, prove all things, and hold fast that which is good."

In search of truth let us accept it wherever found. Let us avoid bigotry and not wrap ourselves in a garment of exclusiveness and cry out to those who differ from us, "stand afar off, thou art unclean."

Homœopathy was the outgrowth of a reaction in medicine. When it came to us a few years ago its supposed novelty attracted a certain class of people, who afterward became its ally and champion in consequence of the fierce and bitter warfare waged against it by the so-called old-school physicians. The ranks of its practitioners were filled, firstly by those, who, though few in number, were honest in their opinions and educated in their profession. Secondly, by those, who devoid of honesty, were shrewd enough to recognize a partial drift of public opinion and avail themselves of the current to achieve success. Thirdly, and most largely, by the ignorant, who discovered here new fields of labor. But the years which have passed have wrought a change in all this. There is in the universe of mind a law analogous to the grand law of gravitation, which rules and controls the physical world. In obedience to this law eccentric movements are corrected, and the pendulum which marks the oscillation of public opinion, from one extreme to the other, tends at last to fall and rest at the centre of gravity —which is truth.

And so with homœopathy, after the first few years in which ignorance and irregularity in its practitioners were overlooked and condoned on account of the attractiveness of a new doctrine, there came a change; its followers, the charm of novelty having worn away, discerned the faults of their leaders, and demanded physicians of a better class, men of more honesty, better education and higher culture. In response to this demand, better men have come to the front, and ignorance and dishonesty are being crowded back.

This improvement in the character of its practititioners has indeed added weight to the school, but this additional weight tends only more surely and quickly to bring the pendulum back towards the old point which marks, as we believe, the true centre of gravity.

We are taught that when a body falls toward the earth, the earth also falls toward it. The movement of each is in proportion to its mass, and the point at which they meet bears a certain true and just proportion to the character of the bodies in question. This law finds its analogue outside the world of matter, and minds which have been in opposition, but having become reconciled will be found to have met on intermediate ground. And so as homœopathy is falling, or perhaps has fallen, back toward what they have been please to denominate "the old school," so has "the old school" moved forward to meet it, the distance traversed by each being, in proportion to the amount of weight (*i. e.* truth) embodied in each.

We clearly recognize the fact that the education and culture of its practitioners have modified the practice of homœopathy, and to-day when you meet a first-class homœopathic physician, you will find that he differs very little in his creed and practice from the advanced disciples of our own school. The dogma *similia similibus* by which, in the olden time, the orthodox were bound, is being abandoned. For, as Guernsey says, "they do not claim this principle as exclusive or universal, since medicines are often required for their mechanical, nutritive, and chemical effect." The same authority says: "The question of doses is left to the individual judgment of the practitioner, but when given in accordance with the law of *similia*, it is found that a greatly reduced dose gives the most satisfactory results." Still he claims that "all admit the law of *smilia* as the keystone of the system." To what extent does a liberal practitioner, subscribing to this faith, differ from us in our creed and practice? Very little, I think. We believe in the law of *similia* in some cases, and practice in accordance with such a belief, and in the size of our doses (which with us also is a matter of individual judgment), there is a vast diversity, ranging from the small and frequently repeated pellet, upward to the large doses exhibited at long intervals.

And now, in answer to the question, shall we affiliate and consult with homœopathic physicians? I ask, why not? Perhaps you will say he is not a regular practitioner What do you mean? He may be an educated, scientific gentleman, a graduate, perhaps, of one of the best of our own schools, but having some peculiar therapeutical views, is called a homœopath; but we differ among ourselves in our therapeutical views, and claim for ourselves freedom of judgment and liberty to practice as we think best. What more does he ask? We should be willing to accord to others that which we claim for ourselves. In regard to this word "regular," what do you mean by it? As thus used it is a word that is difficult to define, a word whose significance varies with the years, and is differently tinted and shaded as the light is thrown upon it from one source or the other. It bears a close relation (in truth, I think it is a twin brother) to that much abused word "orthodox," which our clerical brethren are so fond of hurling at each other's head,

But you may say no good can be gained by such a consultation, as we differ so much in our therapeutical methods. Is this true? I doubt it. Every one of you gentlemen here present, has met in consultation medical men, between whose therapeutical views and your own there was a far greater difference than there would be between yours and those of a scientific homœopathic physician, and I am confident, knowing you all as I do, that good has come from consultations.

What has our antagonism in the years past accomplished? Homœopathy has grown in strength and favor, not in spite of our opposition, but, as I believe, in consequence of it. If this is so, a continuance of this antagonism is unwise; but putting this consideration aside, is it not unjust? If we would to-day recognize them as co-workers in the field of science, and extend to them the right hand of fellowship, I believe that homœopathy, as a distinct system of medicine, would receive its death-blow.

We are promised that some time in the future the the millenium will come, and the lion and the lamb will lie down together; but, gentlemen, the lion may lose his fierceness, and the lamb may lose his fear, yet even then, unless they are willing to lie down together, the happy period will be postponed.

Let us not be too arrogant. No one system or school can possess all the truth; no system or school be entirely without error. Let us hold firmly those things whose truth has been established; let us be ready to give up and cast aside all theories, however dear they may be to us, if proven false. We are yet groping in the dark; facts, which long years of experience have placed in our possession, clues that we have laid hold upon, seem oftentimes to lead us in different and even contrary directions; but I am confident that in the future they will all be reconciled, for I believe, that back and beyond them all, there is one grand therapeutic law, which will be revealed to us when life and its processes are no longer a mystery.

Digitalis, Veratrum Viride, Malaria. Conflicting Opinions regarding them.

BY G. I. ROSS, M. D., CANTERBURY, CONN.

As I sit here communing with myself I am wondering if among the many readers of the NEWS there are any of them feeling as I do to-night. Yesterday I felt as though "the word of Cæsar might have stood against the world, now lies he there and none so poor to do him reference." Why am I feeling thus? Well I will tell you. Of late I have had several cases that had been treated by older and more experienced M. D's than your humble servent who failed to give relief. I was called and relief was with me every time and I was happy. So my luck ran on until I began to grow in *my own estimation* and like Alexander of old I sighed for other fields to conquer; at last one came in the form of "aortic regurgitation."

Upon looking the case over I began to reason with myself thus: what shall I give in this case? With so many conflicting opinions upon digitalis shall I use the drug? A. L. Loomis, N. Y., says, "never resort to digitalis in aortic regurgitation while the hypertrophy compensates for the dilatation." Dr. G. W. Balfour regards it as the most valuable remedy in this lesion. Prof. S. S. Rosentein, "Ziemssen's Cyclopædia:" "The sovereign remedy *in all and every stage* of valvular disease is digitalis." Dr. E. Macky (*British Med. Jour.*) regards the employment of digitalis in aortic regurgitation as contra-indicated and of doubtful safety. Ringer says, "digitalis is useless and harmful in fatty and other degenerations of the left ventricle." Farquharson says "use it in aortic disease when compensation has not been made complete by hypertrophy, but avoid its regular use in the compensatory hypertrophy of aortic disease." Hartshorne, thinks "evidence enough has been given to encourage the use of digitalis." Flint says that "digitalis is not suited to cases in which the symptoms and signs denote hypertrophy." Reynolds' System of Medicine: "Digitalis is often useless and perhaps harmful in mitral stenosis of the left ventricle in the early stage: at a later period, digitalis is often useful. In aortic regurgitation when the hypertrophied ventricle is carrying on the circulation vigorously, digitalis often aggravates the symptoms and if the patient should die suddenly to charge it with the fatal result could not be refuted." Fothergill thinks "the injurious effect of digitalis in aortic disease with hypertrophy of left ventricle may be avoided by employing minute doses."

With this array of conflicting opinions staring me in the face, I was at a loss to know what to do. Having, however, great faith in "Reynolds System of Medicine" I resolved not to use digitalis in full doses, but as it was laid down so emphatically in Ziemssen as "the soverign remedy" I concluded to use it with Fothergill's modification, viz., small doses. I, therefore, put ten drops of Squibb's fluid extract digitalis is a teacupful of water and left directions to give a teaspoonful once in two hours. At night I was called again. The husband says "the first dose my wife took of that medicine I thought it would kill her; she jumped up and says, 'oh I am burning up;' her face grew red and she was in great distress but quieted in an hour or so. When the time came around I gave her another dose she jumped up and says 'that medicine has poisoned me,' so I gave no more." I went home with the husband and found the woman in great distress. I injected hypodermically one-eighth grain sulph. morphiæ and in ten minutes she became easier. I then left her a little lavender and ether to take occasionally through the night if she became nervous. The next morning I called and found her dead; she had died at midnight! They said "she was quiet after the morphine; did not sleep much but felt comfortable and died very easy."

Now, Mr. Editor, although the family declared every thing "all right" I am a little doubtful about its being so. Could it be possible for such a small dose of digitalis to set up so much disturbance as to hasten the death? Was my morphine wrong? Now you know the reason of my feeling so blue to night. I have torn off the epaulets I had usurped and have reduced myself to the ranks. I have been "stricken from my high soaring down."

Methinks I hear some of the older heads say "young man it will do you good to take some of the conceit out of you," and the young man thinks they are right. But what is he to do when he can't rely upon his text books; if one-half flatly contradict what the other positively affirm? Which half is the young man to believe? If a little learning is a dangerous thing will more of it make the young man more dangerous? To-night in my weakness I would condemn Ziemssen on digitalis in aortic regurgitation, also Fothergill's modification, viz., small doses. Then I reflect, how presumptuous for a man of my calibre to condemn such able and shining lights in the profession. I must, I suppose, wait for time to make smooth that which seems to me rough, but while I am waiting I will refrain from using digitalis in aortic regurgitation.

Year before last I followed an article on veratrum viride, in the *Therapeutic Gazette*. Before I commenced reading it, I thought I knew something about the drug; when I finished I concluded I did not. Dr. Henning says that he was called to see two children in convulsions, ages one and three respectively:

℞ Ext. verat. virid. fl.................
Ext. gelsemii, fl.......................āā ʒ j
Aquæ............................. ℥ iv

Sig. Teaspoonful every ten minutes until convulsions ceased.

In one case, a boy aged 10, with chorea: Gave 10 drops tr. verat. viride every hour for 12 hours and after the pulse had come down to 80 gave 5 drops every 2 hours. In another case, of post partum hemorrhage, he gave 20 to 30 drops every half hour. The editor of the *Gazette* thinks this very heroic treatment and I would like to here from others. In a subsequent number we hear from Dr. Gundrum who says that his experience has been right the opposite from that of Dr. Henning. He went according to rule in one case of pneumonia but the pulse went up instead of down, and so did the patient. In another case he injected hypodermically 5 drops fluid extract verat. virid. and in 40 minutes patient came near dying. He reports another case, of "flooding;" lady took by mistake 20 drops tr. verat. virid. and nearly lost her life from hemorrhage. Dr. Henning in a subsequent number returns to the charge, backed up by half a dozen M. D's. of good reputation who use tr. verat. virid. anywhere from 5 drops to half a teaspoonful every hour. Dr. Lawrence thinks he must be a hero who would use such heroic doses, and believes that the emesis brought on by these heroic doses saved the patients. So the doctors get mad and accuse each other of garbling and misrepresenting their articles; they then drop the subject and I am left worse off than when I commenced reading.

And now they must take from me that great shield of medical ignorance "malaria." How grand I have felt sitting by the bedside of a sick patient in entire ignorance of the disease that was raging within him. When asked by the friends, "Dr. what is the matter with him?" how grand I have felt to be able to swell up with egotistical pride and with all of the pomposity in my nature grandiloquently to exclaim "why, sir, it is malaria." This is like throwing oil upon the troubled waters; patient and friends think they now have in their grasp the key to the whole thing, and the Dr. as well as the patient and friends realize the truth of the old adage

"Where ignorance is "Bliss"
'Tis folly to be wise,"

But

"Leaf by leaf the roses fall,
Drop by drop the spring grows dry,"
One by one our hobbies fall,
And so must you and I.

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